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ABSTRACT

The manual provides information on procedures--the videotape recording procedure (VTR), the mobile resource center (MRC), and the child services specialist (CSS)--developed and used in the Cooperstown (New York) Head Start Program, a 3-year experimental project for developing ways to deliver services to rural area preschool children with special needs. Covered in Part 1 are the reasons (such as geographical restriction and lack of public awareness) for the unavailability of specialized services for special needs children and the key Office of Child Development (OCD) policy features (such as the requirement that programs provide the handicapped child with learning and playing experiences with nonhandicapped children) regarding services for handicapped children in Head Start. Part 2 begins with an overview of the Cooperstown Experimental Project and the case study of a 5 1/2-year-old cerebral palsied child served by the project. Detailed in the remainder of the document are the step-by-step procedures for implementing the project's three major components (VTR, MRC, and CSS). It is noted that the VTR serves as an observation tool for looking at a child's behavior, assessing needs, and leading to a follow-up prescription for the individual child's program; that the MRC is used as a center where children participate in a half-day educational and socialization program in an integrated setting; and that the CSS is a special staff member with general child development background, training, and experience who works directly with the child, his family, Head Start staff, and the community. Appendixes and exhibits include a listing of OCD experimental Head Start projects for handicapped children, a list of stimulus materials which can be used for the VTR procedure, and job descriptions and responsibilities of various project staff positions. (SB)

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A Procedural Manual
for

THE COOPERSTOWN MODEL: A PROJECT TO SERVE PRESCHOOL CHILDREN WITH SPECIAL NEEDS

Developed by

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HEAD START CENTERS
LAURENS COOPERSTOWN
ONEONTA RICHFIELD SPA.
MOBILE RESOURCE CENTER

April 7, 1976

Dear Friend of Children -

The Otsego County Head Start Program, Cooperstown, New York has been involved in a three year experimental project for developing ways to deliver services to children with special needs. The manual which follows contains a detailed account of the procedures which we have developed and have used successfully in our project. We offer them to you with the hope that you may find them useful in setting up your delivery system.

The manual, as you will see, deals with specific procedures in a step-by-step format for working with the child with special needs in the regular Head Start Program. There is, however, another important aspect in working with special needs children which I would like to mention now. I refer to early intervention and its importance as an integral part of any such program. It is many times possible to prevent a condition from becoming a handicapping one if the Head Start program provides for early assessment and intervention strategies. Sometimes a clue can be picked up directly from the child's behavior, from his physical examination, or his interaction with others; other times a study of a family's development patterns can be a warning signal. What is important is that the staff be prepared for such observations so that early diagnosis and referral for help for the condition and early referrals, leading to prescriptive programs, can be made.

I would also like to comment about the Child Services Specialist, a staff position, which you will soon learn is the key to our program in working with special needs children. The Child Services Specialist [CSS] needs only a good child development background with no professional training in particular handicapping conditions. She cannot be an expert in all of them! She does need to know the "normal" development pattern of young children, be able to recognize divergencies, and be willing and eager to learn all she can about each handicapping condition as she encounters a child with one. It should be emphasized that the diagnoses are made by professionals, not by the CSS. Probably the most important competency necessary for this position and the one most difficult to describe, is that indefinable quality which is necessary for all good teachers: a real love for children, patience, sensitivity, tolerance. . . . the list could go on and on. Let me just say that, if you know a good teacher, you'll know what I'm talking about.

I would like to thank all the people who have helped us on this project and who have a continued commitment to the program in the years to come. We have relied heavily on donated consultant services, and value the time, concern, and expertise given by busy professionals. We are grateful to the BEH funded Regional Resource Center in New York City.

I am particularly appreciative of our Head Start staff and parents who did so much to promote and carry out the project. I thank Dr. Pamela Coughlin, Director of Special Projects, OCD, for her support and encouragement. I also thank OCD Region II staff for their interest in and backing of the project. Thank you too to Dr. Ed Donlon, Carolyn Tighe, Susan Hocevar, Josephine White, Christina Kearney, Michelle Marrapese, Patricia McAuliffe and Rose Merwyn, who have been the heart of the project. And thank you to Gene Guerin from Denver who compiled and wrote this manual with the help of Kathleen Reilly.

I hope you enjoy and can make use of our book. I would welcome any comments which you might have about our project or about your own program and its use of our suggestions.

Sincerely,

Esther C. Fink

Esther C. Fink
Director
Experimental Project to Serve
Children with Special Needs

ECF:cg

A Procedural Manual for

THE COOPERSTOWN MODEL: A PROJECT TO SERVE PRESCHOOL CHILDREN WITH SPECIAL NEEDS

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ABSTRACT

THE COOPERSTOWN PROJECT TO SERVE PRESCHOOL CHILDREN WITH SPECIAL NEEDS

The Cooperstown Project (OCD Experimental) has developed three approaches for service delivery to special needs children in rural settings. These approaches are:

THE USE OF THE VIDEOTAPE RECORDING PROCEDURE (VTR), an observation tool for looking at a child's behavior, assessing needs, leading to a follow-up prescription for the individual child's program. This approach is particularly useful in rural areas where it is difficult for experts, who usually are not within easy access, to meet personally with a child. It is also useful as a training vehicle for staff, a permanent record against which to assess progress and as an introduction of a child to other service agencies.

THE MOBILE RESOURCE CENTER (MRC), a truck-van fitted as a classroom which takes the Head Start program to remote areas not served by a regular center-based program. The MRC is used as a center where children participate in a half-day educational and socialization program in an integrated setting of handicapped and non-handicapped children. The MRC has a parent-child take home library and a toy lending library. It also offers resources for working with special needs children. It is staffed by a teacher, a nurse-social worker and a teaching assistant who work mornings on the MRC and in the homes with these children and their parents in the afternoon. Afternoons, the MRC is used by the Special Project staff to individualize the program for handicapped children and their parents.

THE CHILD SERVICES SPECIALIST (CSS), a special staff member who works directly with the child and his family and intervenes for them with Head Start staff, other children and the community. Of particular interest to smaller Head Start programs is the fact that the CSS has no special professional training in working with handicapped children and may be culled from members of the existing staff having general child development background, training and experience.

INTRODUCTION

"THE EXPERIMENTAL PROJECTS"

The 1972 Amendments to the Economic Opportunity Act gave some clear-cut mandates for delivering services to the handicapped. Among other things, these Amendments require that at least ten percent of the enrollment opportunities in Head Start be provided to mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired children who need special services.

The Office of Child Development was already aware of the need for Head Start programs for the handicapped. Under its HEAD START IMPROVEMENT AND INNOVATION effort the OCD stressed the importance of individualized services to meet the unique needs and potential of every child participating in Head Start. HEAD START IMPROVEMENT AND INNOVATION efforts were to place a high priority on providing service to handicapped children.

And so, Head Start was committed to helping special needs children. It was a commitment which was reflected in a national policy but which had, somehow, to be carried out at the local program level.

Some immediate problems became apparent. It seemed fine and good to make policies for the purpose of helping the handicapped. It was another thing to put these policies into practice.

How, for example, could a small, isolated Head Start program deal with special needs children when there were barely enough local resources to help the normal child? Would there not be a need for added staff, experts in dealing with handicapping conditions? Would the imposition on the time of existing staff, teachers, aides and paraprofessionals be too great? Wouldn't normal children be held back because the special needs child would move at a slower developmental pace? Could a staff member take time out to cope with the special problems related to certain handicapping conditions? How would it be possible to map out a program which would help the special needs child? Who would develop such a program? Who would arrange for it? Who would carry it out? Who could even tell what the special needs of the special needs child were?

All these questions, and many more, would have to be answered as Head Start began offering services to the handicapped through local centers. The Office of Child Development recognized its responsibility to look for some reasonable and effective solutions.

It was for this reason that the Office of Child Development funded fourteen experimental projects to develop and test various methods of delivering services to handicapped children. Six of the projects are collaborative efforts between the Office of Child Development and the Bureau of Education for the Handicapped (OCD-BEH). Their main efforts have been directed towards training development for Head Start staff, lay persons and parents. The remaining eight projects have been carried out by preexisting Head Start programs providing direct services to children and parents. (See Appendix A.)

Specifically, the projects were to follow these experimental goals and objectives:

1.
To demonstrate alternative approaches to serving handicapped children in a program setting with non-handicapped children in Head Start programs.

2.
To identify benefits which handicapped children derive from participating in Head Start.

3.
To develop program models and delivery systems through cooperative linkages between local Head Start programs and other community organizations.

4.
To develop replicable approaches for training Head Start staff, including a variety of staff roles, to better enable the staff to serve handicapped children.

5.
To design replicable assessment and diagnostic procedures to identify the special needs of handicapped children and indicate appropriate services that may be required.

6.
To demonstrate replicable approaches to enhance parent and family participation in the education and development of the handicapped child in Head Start.

7.
To demonstrate approaches for providing continuity of services to handicapped children from Head Start through early school years.

8.
To develop evaluation procedures that measure the effectiveness of proposed services for handicapped children.

The underlying theme for these goals and objectives is that the handicapped child should be viewed as a person with ever expanding relationships at home, with other children, with adults and in the community. This view of the child requires three things of any Head Start program: 1) that every effort be made to involve the family of the handicapped child in the Head Start program; 2) that handicapped children be involved, as much as possible, in the activities of non-handicapped children during the normal Head Start day; and, 3) that there be a coordination of all appropriate community resources in helping and supporting the child's development.

There are many possible approaches to providing services to the handicapped. The fourteen Experimental Projects have investigated, and tested out a wide variety of alternatives. As the Experimental Program comes to an end, these projects are prepared to share the results of their labors.

This manual describes one of these projects, "THE COOPERSTOWN (NEW YORK) PROJECT TO SERVE PRE-SCHOOL CHILDREN WITH SPECIAL NEEDS." It is hoped that readers of this publication will receive some insight into the services which can be offered to the special needs child in a rural setting. It is also hoped that the procedures described herein will be clear and specific guidelines for anyone wishing to replicate or adapt the Cooperstown Model to their program.

PART I

SERVING THE SPECIAL NEEDS CHILD

CHAPTER ONE

"WE AREN'T SET UP TO HELP THE HANDICAPPED"

(Some unfortunate attitudes and bits of misinformation)

"WE DON'T HAVE THE TIME TO SPEND ON HANDICAPPED KIDS!"
"WE CAN'T AFFORD ALL THAT SPECIAL TRAINING WE'D NEED!"
"LET THE AGENCIES FOR THE HANDICAPPED TAKE CARE OF THEM!"
"WE DON'T WANT THE NORMAL KIDS TO SUFFER BEING WITH THEM!"
"MY SON ISN'T HANDICAPPED..... HE'S JUST A LITTLE SLOW!"
"I DON'T KNOW HOW TO WORK WITH HANDICAPPED CHILDREN!"
"THEY'LL JUST PULL EVERYBODY BEHIND!"
"I EITHER WORK WITH HANDICAPPED KIDS OR NORMAL KIDS BUT I CAN'T DO BOTH!"
"THERE'S ENOUGH TO WORRY ABOUT WITHOUT WORKING WITH THE HANDICAPPED!"
"LET THE EXPERTS TAKE CARE OF THEM!"
"I DON'T KNOW ANYTHING ABOUT HANDICAPPED CHILDREN!"
"THEY JUST CAN'T KEEP UP WITH A NORMAL CLASSROOM!"
"I'D BE SCARED TO TRY!"
"THEY'D JUST FEEL BAD BEING WITH NORMAL KIDS ALL THE TIME!"
"NORMAL KIDS CAN BE VERY CRUEL!"
"MY DAUGHTER'S DIFFERENT..... SHE JUST WOULDN'T FIT IN!"
"BILLY'S TOO YOUNG TO SEND TO SCHOOL..... HE WOULDN'T UNDERSTAND!"
"WHO WANTS THE HASSLE?"

A Problem of Availability

The major problem facing the special needs child is that specialized services are often unavailable. There are many reasons for this situation. This chapter will discuss some of them. The remainder of the book will be devoted to the Cooperstown Model's approach to the problem of availability.

It should be noted that the problem of availability of services for special needs children is a widespread one but one which is being directly resolved as Head Start increases its efforts in behalf of the handicapped child. The purpose of this chapter is not to "point a finger" at any one group of people or institutions but to give some perspective to programs which are addressing themselves to the problem.

In general, it can be stated that the problem of availability occurs when either no programs for the handicapped exist or when those which exist are not used. The reasons for one or the other of these situations are listed and discussed below.

---

1. *Services for handicapped children are not available.*

RIGHT TO EDUCATION

The need and right of handicapped children to an equal education is a relatively new concept. For years the school-aged child with special needs was isolated in special classes or institutions or was kept at home. Public schools have begun to show a marked improvement in the services they are offering the handicapped child. New Federal funding to the States, beginning with the 1977-1978 school year, assures even more public school involvement in addressing the needs of the handicapped. There is also special federal assistance for States in implementing broad-scale plans for preschool handicapped children. Such actions, coupled with Head Start's already considerable involvement with special needs children and their families are concrete examples of how the problem of availability is being met.

LITTLE KNOWN PROGRAMS

2. Parents of handicapped children are often unaware of existing services.

Handicapped children who are eligible for Head Start programs and other governmental services come from low-income families. Often, the economic condition of the child's family is such that information does not come to them through normal channels such as radio, television and newspapers. In rural areas the problem is compounded by the isolation of the family from the activities of nearby population centers.

3. *Parents may know about services but do not know how to obtain them.*

HOW DOES A PERSON OBTAIN SERVICES?

Many times it is not enough to know that services are being offered. Obtaining services often requires experience in dealing with programs and agencies. Real or supposed roadblocks may inhibit parents from seeking those services they know about. Once again, the problem seems greater in rural, isolated areas where people are less accustomed to institutional and agency protocols.

4. *Parents may be reluctant to take advantage of services.*

SUSPICION OF PROGRAMS

This reaction on the part of parents can develop from a general suspicion of governmental programs. People often have had unfortunate experiences with bureaucratic service agencies and are reluctant to engage in anything which might offer some of the same problems.

5. Parents fail to recognize their child's special needs.

LACK OF RECOGNITION OF PROBLEM

Parents may not be able to detect a behavioral or developmental irregularity in their child. Further, even if they do notice an irregularity they may not understand the nature of the handicap. Some may assume that the child will eventually outgrow the handicap, others may feel they cannot afford treatment while still others cannot admit to themselves that they have parented a handicapped child.

6. *Services are unobtainable for geographical reasons.*

INACESSIBILITY OF PROGRAMS

Head Start has been denied to many children because they can't get to it. This is particularly true of children who live in rural, isolated areas. Geographical restriction also affects low-income children living in areas where the prevailing income levels wouldn't merit a Head Start center. In these cases the restrictions are economic as well as geographic since parents may not have the resources for transporting the child to a Head Start center.

7. *Teachers, lacking an understanding of special needs children, question their ability to serve them.*

CONFUSION AMONG STAFF

When the mandate was issued declaring that ten percent of the children in any Head Start classroom must have some handicapping condition, many teachers felt ill prepared to serve these children. They failed to recognize the fact that they were already working quite successfully with many children who have special needs. Some of them saw Head Start as developing into a program of specialists with no room for their general skills. Some tended to sell their own capabilities short, little realizing the value of their previous Head Start experience. Happily,

there is a growing confidence among teachers as they see handicapped children thriving in the integrated setting of the Head Start classroom.

8. *Adequate screening and assessment procedures have not kept up with the need to serve the handicapped.*

LACK OF ASSESSMENT PROCEDURES

As Head Start formally moved into the handicapped field it was discovered that there were no comprehensive screening and assessment procedures in working with the very young special needs child. Many Head Start programs had to rely on community service agencies and volunteers, frequently at the expense of uniform and appropriate screening and assessment procedures. It has taken time for adequate procedures to be developed but, with more and more materials available, the problems of screening and assessment seem to be waning.

9. *There is a lack of public awareness or community support for services for the special needs child.*

LACK OF PUBLIC AWARENESS

This problem is much the result of the history of "hiding" the handicapped child from society. For many people the exposure to handicapping conditions is restricted to fund-raising drives and telethons. Many see the special needs child as the responsibility of the immediate family or of welfare programs. These people view their taxes as the only investment they need or care to make in the future of the special needs child.

The problems delineated here do not necessarily apply to every Head Start situation. However, they do point out some general attitudes which might stand in the way of effective services for special needs children.

CHAPTER TWO

"EVERY CHILD HAS SPECIAL NEEDS...
SOME ARE JUST A LITTLE MORE OBVIOUS."

(Some frequent comments about integrated Head Start programs.)

"THE HANDICAPPED CHILDREN JUST SEEMED TO FIT IN SO BEAUTIFULLY!"
"THE CHILDREN THEMSELVES ARE THE BEST TEACHERS!"
"THE CHILDREN REALLY CARE ABOUT EACH OTHER!"
"I WAS ALREADY DEALING WITH CHILDREN WHO HAD SPECIAL NEEDS BUT DIDN'T REALIZE I WAS DOING IT!"
"MY SON IS VERY COMFORTABLE IN HEAD START!"
"WE'VE LEARNED AS MUCH AS BILLY HAS!"
"I NEVER KNEW THAT OUR DAUGHTER COULD DO SO MUCH FOR HERSELF!"
"YOU DON'T HAVE TO BE AN EXPERT ON HANDICAPS AS LONG AS YOU KNOW HOW TO WORK WITH CHILDREN!"
"I DON'T KNOW WHAT I WAS SO SCARED ABOUT!"
"IF YOU TREAT EVERY CHILD AS AN INDIVIDUAL YOU GIVE EVERY CHILD WHATEVER IS NEEDED..... HANDICAP OR NO!"
"TEN PERCENT IN EACH CLASSROOM.....I WE HAD THAT ALREADY!"
"IT HELPED US TO MEET OTHER PARENTS WITH THE SAME PROBLEMS!"
"THERE'S NOTHING THAT MAKES MORE SENSE THAN WHAT WE'RE DOING!"

Who Will Serve the Special Needs Child?

In the document, "Head Start Services to Handicapped Children" (DHEW, OHD-OCD: June, 1975), a report submitted by DHEW to the Congress of the United States, there is contained a description of the involvement and experience of Head Start in offering direct services to handicapped children.

OCD POLICIES

The report reflects the policies of the Office of Child Development regarding the services which should be provided to eligible handicapped children in Head Start. The key features of these policies are:

1.
All Head Start agencies must insure that handicapped children receive the *full range of services* available to all Head Start children: education, social services, parent involvement and health. There should be a guarantee that *special services* be provided to meet the needs of the handicapped child.

2.
All programs must provide the handicapped child with a *mainstream experience* of learning and playing with non-handicapped children. This fosters positive self image and overall development and enhances the child's potential.

3.
Head Start agencies must actively recruit and enroll eligible handicapped children. *No child may be denied admission solely on the basis of the nature or extent of a handicap.*

4.
Diagnosis, screening and needs assessment must address all handicaps defined in the legislation and provide adequate *special education* and related services. Initial identification of handicaps must be confirmed by *professional diagnosis*. Multi-disciplinary diagnostic teams are encouraged.

5.
Head Start programs are encouraged to exert a strong effort to coordinate their endeavors *with other agencies* serving handicapped children. Community agencies can help with identification and referral, recruitment of volunteers, and the provision of special services and technical assistance.

6.
Head Start grantees are encouraged to consider *appropriate program*

models that meet the individual needs of handicapped children. The model, or combination of models selected (i.e. home-based, center-based, or locally designed option) should permit flexibility to individualize services.

7.
Each OCD Regional Office must assure that at least ten percent of the national enrollment opportunities in Head Start are available to handicapped children.

THE COOPERSTOWN MODEL AND THE SPECIAL NEEDS CHILD

In adopting national policy to its particular situation the Cooperstown Experimental Project set a premise for itself, an overall goal, if you will, in developing approaches to serving the special needs child. The premise is that:

> *The special needs child should have the opportunity to develop to a point of living confidently with self and with the world.*

The key phrase in this premise is *"living confidently"*. If one were to break down this phrase into its logical parts one could say that to live confidently means:

to possess self awareness leading to self acceptance.
to recognize self potential in spite of or with handicapping factors.
to master skills for the purpose of realizing potentials.
to set goals for self determination
to function, to the extent possible, within family groups, peer groups, with adults and within the wider community.

THE CHILD NEEDS SUPPORT

Clearly, the special needs child must have considerable support, encouragement and easy access to services if he is to meet these objectives. Unfortunately, extended support and services for the special needs child are often difficult to obtain for two reasons: 1) historically, the parents and family of handicapped children in a low income situation are ill-equipped to handle the particular demands of the child; and, 2) Head Start staffs, as usually constituted, do not have the time for the necessary extended support.

THE CHILD NEEDS AN ADVOCATE

It became the working hypothesis of the Cooperstown Project that the most effective way of ensuring the special needs child's "living confidently" was through some form of "advocacy". Advocacy in concept and practice is not unique to the field of human services. It has been actively practiced by lawyers, physicians, planners and educators for decades. By definition, advocates herald the causes of people who, for one reason or another, can't help or represent themselves. These include the uneducated, the undereducated, the handicapped, children, the

elderly and, quite often, a group we all fall into, consumers. It is not unusual to find people in more than one classification. Advocacy doesn't attract fortune seekers, for there is generally modest compensation for the efforts expended; payment is frequently intangible, e.g., a change in official policy, legislative action, a favorable legal decision. People who advocate do so out of a strong conviction that they can do something to improve a practice, correct a wrong or affect a change. Advocates usually emerge from the social service ranks and have a practical, working knowledge of the problems they are attacking. Their mission is to cause policy makers to act favorably or to make the general public aware of conditions or responsibilities. Their ultimate effectiveness depends on their ability to communicate, to organize and to develop cooperative relations with existing groups and institutions.

Advocacy involves three basic tasks: monitoring, assessing and intervening.

The practice of child advocacy developed from the need to protect the child. Child advocates attempt to find out what is happening to a child, assess the merits of the situation and act to bring about changes where necessary.

THE COOPERSTOWN MODEL AND "ADVOCACY"

In accepting the "advocacy" concept, the Cooperstown Project recognized Head Start's unique position in working with special needs children in their development toward "living confidently". To enhance this position the Project has developed three major "components" representing varied approaches to service delivery.

First, there is the use of the VIDEOTAPE RECORDING PROCEDURE, a unique observation tool which helps in specifying the areas where advocacy is most needed.

Secondly, the MOBILE RESOURCE CENTER, a van fitted as a classroom-private counseling facility, which provides direct services to children in isolated areas as well as a resource center for special needs children and their families.

Thirdly, and the embodiment of the advocacy concept, is the position of the CHILD SERVICES SPECIALIST. The Child Services Specialist is the keystone of the Cooperstown Experimental Project. It is the Child Services Specialist (CSS) who acts as the catalyst in introducing the special needs child to Head Start and eventually to the wider community.

PART II

THE COOPERSTOWN MODEL
A MODEL FOR SERVICE

CHAPTER ONE

"HOW CAN WE DO ALL WE'RE SUPPOSED TO DO?!"

(Some questions growing out of frustration.)

"HOW IS ALL THE WORK GOING TO BE DONE?"
"WHO'S GOING TO DO IT?"
"WHO'S GOING TO PAY FOR IT?"
"WHO'S GOING TO TRAIN THE STAFF?"
"WHERE ARE ALL THE SPECIALISTS GOING TO COME FROM?"
"HOW CAN WE SUPPLY ALL THE NEEDED SERVICES?"
"HOW ARE WE GOING TO ASSESS THE CHILD'S NEEDS?"
"WHO'S GOING TO FOLLOW UP WITH THE PARENTS?"
"WHO'S GOING TO FOLLOW UP WITH THE SERVICE AGENCIES?"
"WHO'S GOING TO GET THE CHILD, THE PARENTS AND THE SPECIAL SERVICES TOGETHER?"
"WHAT CAN YOU DO ABOUT THE PEOPLE IN REMOTE AREAS?"
"HOW CAN YOU GET THE NORMAL CHILDREN TO ACCEPT THE HANDICAPPED CHILD?"
"HOW DO YOU GET PUBLIC SCHOOLS TO TAKE THESE CHILDREN INTO REGULAR KINDERGARTEN?"
"HOW CAN THE STAFF BE EXPECTED TO BE EXPERTS IN BLINDNESS, CP, HEARING PROBLEMS, BEHAVIOR PROBLEMS, ETC. ETC. ETC.?"
"WHO'S GOING TO DO IT?"
"WHO'S GOING TO DO IT?"
"WHO'S GOING TO DO IT?"

The Cooperstown Project and Its Goals

INTRODUCTION TO THE COOPERSTOWN MODEL

The Cooperstown Experimental Project is noteworthy in that it offers a vivid and specific example of what can be done in rural-isolated areas with a minimum of available service agencies and a limitation of resources. What the staff from the Cooperstown Project seem to be saying is: "If we can do it so can you!"

Briefly, the enrollment statistics for Head Start in Otsego County (See Appendix B for background on Otsego County, New York and its Community Action Agency of which the Experimental Model is a part) are as follows:

Total Head Start enrollment	115
Total number handicapped	55
Percentage of handicapped	47%
Handicapped Active-Diagnosed (21)	38%
Handicapped Early Intervention (18)	32%
Handicapped Active-Non-diagnosed (16)	29%
Severely Handicapped (15)	27%

In order to serve these special needs children within the context of integrated programs for all Head Start children the Cooperstown Experimental Project has evolved three major experimental components: *the use of the Videotape Procedure,* an observation technique; *the Mobile Resource Center,* a way to meet the needs of isolated handicapped children; and *the Child Services Specialist,* a development of Head Start staff. It is felt that one, or more, of these basic components is applicable to most Head Start programs.

THE COOPERSTOWN MODEL AND ITS THREE COMPONENTS

The Use of the Videotape Procedure [*VTR*]. This component makes use of videotape recording as an observational tool in providing proper services to special needs children. Using an adaptation of a protocol developed by Curtis and Donlon for use with deaf-blind children, Head Start staff are able to record the child's behavior under various circumstances. The recording is then used in several ways: for observation by Head Start staff; for observation by experts who are unavailable for direct observation; as a record of the child's behavior on which to gauge subsequent progress; and, as an invaluable reference point in consultations with parents about their children.

The Mobile Resource Center [*MRC*]. This component makes use of a mobile van set up as a small classroom-resource center which can go to remote areas where special needs children are usually isolated from needed services. The MRC provides the facilities for a small peer group experience in a mainstream setting.

The Child Services Specialist [*CSS*]. This component makes use of existing staff resources to provide an advocate for the special needs child. The role of the CSS is such that with minimal orientation a Head Start staff member can fill the position. This is a particularly crucial point for small Head Start programs. The CSS needs only a good general child development background with no professional training in handicapping conditions.

All three components have been devised to be applicable as well as flexible within the framework of most working Head Start programs, particularly those with limited resources.

INTRODUCTION TO GOALS OF COOPERSTOWN MODEL

Project Goals

In accordance with the legislative mandate dealing with the handicapped and the policies of the Office of Child Development regarding the availability of Head Start services to handicapped children, Head Start in Otsego County, New York has established certain goals. Many of these goals reflect the experimental nature of the Cooperstown Project to Serve Pre-School Children with Special Needs. The goals point to the development of service delivery procedures for special needs children. These goals are also based on some over-all needs which must be met by any program intent on providing services for the handicapped.

THE NEED FOR CONSISTENCY IN SERVICE

The Needs of the Special Needs Child

There is the need for consistent, non-fragmented service for special needs children. One of the problems facing the handicapped child,

especially one from a low income family, is that there is many times no consistent pattern of service. The child is often shunted from service program to service program. The services, when they are available are usually not coordinated with each other. Many services are not even used. Unless such services can be placed in a consistent, non-fragmented framework there can be no assurance of consistent, well integrated development by the child.

THE NEED FOR SPECIAL INTERVENTION

There is the need for special intervention on behalf of the special needs child. This intervention must take place in the home, in the Head Start center and in the community at large. This is especially true when the home situation is not conducive to the development of the special needs child, when the center does not have the resources at hand to help the child, or, when the community does not offer appropriate services. Without special intervention the handicapped child may never have the opportunity for proper support in his development.

THE NEED FOR SELF-RELIANT HEAD START STAFF

There is the need for a certain amount of autonomy or independence by Head Start staff from outside help. This is necessary if services for a child are not to be stifled whenever the appropriate external consultant, professional or agency is not available. Since it is the Head Start staff which will be dealing with the child on a day-to-day basis it is obvious that the staff must develop competencies above and beyond those afforded through outside help.

The goals, then, of the Cooperstown Experimental Project are:

1.
To ensure the very best possible programs for special needs children and thier families: before they come into the program; while they are part of the program; and, during the transition to, and follow-up in the public schools or institutions into which they go.

The key to this goal lies in two areas: good programs must be defined not only in terms of the special needs child but also with regard to the child's family; and, the child and his family must have some assurance that there will be opportunities for their involvement in available programs.

A COMPREHENSIVE FAMILY-BASED PROGRAM

If a program is truly to be comprehensive, attention and support must be given to the child and the family before, during and after involvement with Head Start. Otherwise, there can be no assurance of a consistent, well integrated development by the child. It follows, then, that an effective Head Start program must be geared for intervention at all phases of the child's development.

2.

To coordinate community services and resources for special needs children.

This second goal of the Otsego Head Start program is directly aligned with the policy of the Office of Child Development as stated in its report to Congress, July, 1975.

> "In order to provide appropriate services to handicapped children in Head Start, it has been necessary for local (Head Start) programs to develop linkages with other agencies serving handicapped children. Thus the preschool child with a handicap could receive comprehensive developmental services to meet his individual needs. Also, through these linkages the local community has the opportunity to identify the roles and responsibilities each agency should assume in order to see that preschool handicapped children are identified and served."

This statement by OCD makes two crucial points: local Head Start programs simply do not have all the resources within themselves to offer full services to handicapped children and their families; and, even if Head Start could supply all these services the community must also be involved and responsible for these children.

THE CHILD, THE PARENTS, HEAD START AND THE COMMUNITY.

What Head Start can do, and what is being done in the Cooperstown Project is to establish the proper linkage between the community and the family of the special needs child. This is done in a general way through the use of community resources in the program as much as possible. It is individualized through the services of an advocate, the Child Services Specialist, who establishes and maintains the linkage for each special needs child in the program.

The linkages with community resources which aim at their coordination are both a matter of administrative policy by the Cooperstown Project and a question of daily maintenance through the particular efforts of the "advocate" or Child Services Specialist.

3.

To establish a functional and realistic process for working with special needs children within the framework of on-going Head Start program efforts; a process which can readily and easily be adapted to other areas.

4.

To make new and innovative approaches easily replicable and disseminate information on same to other programs.

Goals three and four are connected to each other and refer to the charge given to the Cooperstown Project by the Office of Child Development. Together with the other experimental projects, the Cooperstown Model has developed and tested alternative methods for delivering services to handicapped children and their families.

FUNCTIONAL AND REALISTIC ALTERNATIVES

Any Head Start program will readily appreciate the inclusion of the words "functional" and "realistic" in these goals. Unless the alternatives offered by the experimental projects are practical they are useless as models. The Cooperstown Project, working in a very real situation in mostly rural-isolated settings, has no alternative but to be functional and realistic in its approaches.

MATERIALS DISSEMINATION

There are several ways in which the Cooperstown Project intends to disseminate information to other programs. This procedures manual is one of them. The Project has also developed four audio-visual packages (slides and audio cassettes) with the following titles:

I. "Overview of the Cooperstown Model"

II. "The Work of the Child Services Specialist."

III. "The Use of the Videotaping Procedure in Working with Special Needs Children."

IV. "The Use of the Mobile Resource Center."

These materials may be obtained through the Otsego County Head Start Office, Cooperstown, New York 13326.

Although, as in any working Head Start program, the Cooperstown Project touches every facet of child development it is to the three major components of the experimental project (the use of VTR procedures; the Mobile Resource Center; the Child Services Specialist) that the remainder of this manual will devote itself.

CHAPTER TWO

"TRACY"

[*a case history*]

Tracy is a 5½ year old Cerebral Palsied child. For the past 4 years she has been living in a foster home. Physically, she is very seriously involved, with much spasticity throughout her body, minimal head and trunk control, is non-ambulatory, has poor control of upper extremities, excessive drooling and no speech.

At the start of our involvement, Tracy was being seen by a Public Health Nurse, a Public Health physical therapist [who uged the foster mother to give Tracy up] and a case worker. All were very negative about Tracy's potential. Besides her physical problems she was described as being severely retarded. The only therapy available to handicapped children in the county is through the Public Health physical therapist. Unfortunately, the therapist for the county has had no experience with CP children and could offer very little to the foster mother in the handling of Tracy.

Through the efforts of the foster mother and the CSS Tracy was accepted for evaluation at a Cerebral Palsy Clinic 90 miles away in another county. Originally, the prognosis from the Clinic was very negative: "microcephalic, severely retarded and severely brain damaged." They agreed to take Tracy and the foster mother for a home care program which would consist of four 2 hour visits.

Originally the CSS worked on a home based program with Tracy and her foster mother. A language stimulation program and various exercises were worked on with Tracy. The CSS found a community volunteer who agreed to construct a standing table which was given to the foster family for use with Tracy. Various books and pamphlets on CP were brought by the CSS to the foster family.

The CSS also accompanied Tracy and the foster mother to the CP Clinic for both information on how to work with Tracy and also as a support for the foster mother. After the initial home care program was completed, the CP Clinic decided to continue seeing Tracy and her foster mother on a once a week basis.

During this time the home-based program was continued but the CSS felt that she could not do much in the home since the foster family with whom Tracy lived was doing a great deal of work with her. The CSS felt that she could better serve Tracy's needs by an expanded program. So it was decided that Tracy could start weekly visits to a Head Start Center.

There was a great deal of preparation before Tracy started. A Cerebral Palsy specialist from another county was invited to come and talk with

the staff about handling a CP child in a classroom situation. The specialist was unable to see Tracy but a video tape taken by the CSS of Tracy in the home was shown to her before meeting with the staff of the center. The foster mother also talked with the staff. The CSS met with the staff to discuss problems, procedures and objectives. Books and pamphlets on CP were made available to the staff.

One of the primary goals was socialization. Tracy had never been around children her own age and she had never been away from her foster family. Since Tracy could not socialize on her own it was the task of the CSS to act as her advocate. Activities were planned where 1 or 2 other children could participate with Tracy. We tried to have Tracy join in as many of the activities as possible. She couldn't do this alone, so, in the beginning, the CSS was always with her and later a staff member began to take over the responsibility. Certain allowances had to be made. For example, Tracy could not do many of the art activities so other activities were provided such as shaving cream, finger paint, play dough, etc. A small number of children were always invited to join Tracy. With the help of the CSS, Tracy also joined large group activities. When it was impossible for Tracy to join in certain activities the CSS worked on exercises prescribed by the CP Clinic. Whenever possible a staff member observed and participated.

The speech therapist who worked with the other children agreed to work on an individualized basis with Tracy and her foster mother. The other children attended a swimming program once a week but it was decided that it would be too much for Tracy so the CSS arranged for an individualized swimming therapy program for Tracy and her foster mother.

The staff and the CSS tried not to use special activities or methods in dealing with Tracy. We wanted to integrate Tracy into as much of the program as possible. The CSS and later a staff member helped Tracy join in the regular activities of the center. Certainly, allowances had to be made in that Tracy had to be fed, wheeled from one activity to another and her diapers changed. A different art activity sometimes had to be provided and some other activity when the children were using the large gym equipment or were outside on a cold day. We provided an individualized program based on Tracy's problems and needs but this should be no different than an individualized program provided for any child in Head Start whether they have a handicapping condition or not.

The year and a half in Head Start [one year home-based, six months center-based] has shown considerable gains for Tracy. The physical and intellectual gains have been slow but noticeable. Emotionally, Tracy has blossomed. She is responding to people more positively, is trying to communicate more and is generally a more happy child. Both the CSS and the foster mother felt that Tracy's potential was never properly evaluated. When considering placement for the fall, the local district wanted to place Tracy in the Trainable Mentally Retarded class in the BOCES program. We knew that placement in kindergarten at this time

would not be feasible, nor did we feel that placement in the TMR class would be feasible. Through the constant efforts of both the CSS and the foster mother the CP Clinic was able to re-evaluate Tracy at her fullest potential and changed their original prognosis. It is now felt that Tracy has the normal comprehension level of a 5 year old but is functioning developmentally at a lower level. With this we went back to the school and sought an alternate placement. Tracy is now in a public pre-school class for children with special needs and functioning well. A year ago no one would have thought this possible.

Procedures for Serving the Child with Special Needs

As has already been pointed out, one of the primary charges given to the fourteen OCD experimental Head Start projects for handicapped children has been to develop materials based on their programs and models so that other programs could use them. This section of the "Cooperstown Procedural Manual" offers a detailed, step-by-step account of many of the procedures developed and carried out by the Cooperstown, New York Experimental Project to Serve Preschool Children with Special Needs. It is hoped that other Head Start programs will find a use for this manual in setting up their own service delivery to handicapped children.

It should be noted that, just as no two children are alike, no two handicapped children are alike, and, for that matter, no two Head Start programs are alike. Therefore, all the procedures spelled out in this manual should be looked upon with any eye toward modification where necessary.

The procedures have been divided according to the three main components of the Cooperstown project: *the Use of the Videotape Procedure, the Mobile Resource Center* and the work of the *Child Services Specialist.* Within each of these general headings the procedures have been further categorized into groups such as "The Child Services Specialist works with the child and parents at home". Each of these categories represents a phase of the handicapped child's involvement with Head Start. The procedures which are detailed under each of the

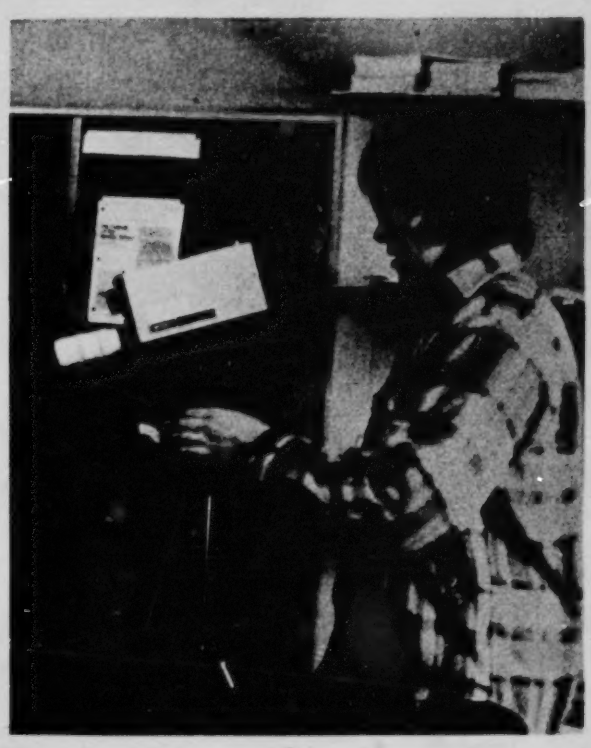
categories offer specific approaches for serving the special needs child during these phases.

Whenever possible or appropriate, a short "case history" will precede the procedures so that the reader may relate the process to familiar people and situations.

As a final note it should be mentioned that the procedures here have been listed and detailed in a logical, but by no means a chronological order. Every procedure may not have to be used for every child. In many cases one procedure will have to be repeated several times, especially as the child progresses from one developmental plateau to another.

We hope that this manual will be helpful in offering options to local Head Start programs which are concerned with the needs of the special needs child. We wish to thank the Office of Child Development for the opportunity to participate in the experimental project.

A. The Use Of The Videotape Recording Procedure



"ERNIE AND HIS VIDEOTAPE RECORDING"

[A case history, as told in the first person by the Child Services Specialist.]

"Ernie is a three year old, probably a one and a half year old, developmentally. I am working with him once a week in the center.

"On a Tuesday, I arranged for the other Child Services Specialist to be the "stranger" who would come to the center and help me with Ernie's videotape recording on the following day. Previous to this I had talked with Ernie's mother and explained that I would be taking a "picture" of Ernie at the center to help us work with him and that we would be sharing it with her. The permission form for this had already been signed at the time of Ernie's enrollment in Head Start. I checked all the equipment and set up the stimuli I would be using the next day. I informed the staff at the center that I would be in with Ernie for the VTR session and requested informal and formal situations within the classroom in which we could record Ernie's behavior.

"Wednesday I picked up the VTR equipment, drove to Ernie's home for him and took him to the center. At the center, Ernie was taken into a classroom. The other children ignored him, despite my attempts to have one or two of them pay some attention to him.

"The teacher talked Ernie into sitting down with the other children for breakfast. This gave me the opportunity to tape his behavior in an Activities for Daily Living [ADL] situation, eating.

"After breakfast, I moved the equipment into a classroom to tape an informal situation. There, Ernie, without direction, wandered about the room with no seeming purpose and with no attempt at interaction with the other children.

"Next, I set up for taping four isolated situations where Ernie could be observed and recorded in a "strange" place, interacting with a "stranger" [the other CSS, whom Ernie had never met]. I placed toys from the classroom around the room---a telephone, a ball, a truck and a fire hat. I turned on the VTR and Ernie was ushered into the room by the "stranger". I told Ernie that he could play with the toys if he wished. He chose the truck and the "stranger" began talking to him about the truck. [This particular procedure is called Unstructured Orientation.]

"The next procedure I recorded was the one called Task Orientation. The purpose of this situation is to demonstrate the cognitive level of the child. Before the taping I had chosen some stacking rings as a good task to indicate Ernie's cognitive level. Ernie had difficulty in putting rings on a stacking tower. I then suggested that the "stranger" should hand him the rings, one at a time. This worked better but it was obvious that the task was generally at too high a level. We then offered Ernie animal cards from the Peabody Kit. Ernie responded reasonably well to these.

"In the Stimulus Orientation recording session we supplied Ernie with a wind-up toy, some masking tape [nice and sticky], some sandpaper, some clove and camphor, a music box, a horn and a triangle. These different stimuli were presented one at a time in rapid succession. The purpose of this situation is not to frustrate the subject, but to record his reactions to the various stimulant materials.

In the Inter-personal Situation, the "stranger" held Ernie on her lap and talked with him about his family. She tried to get him to play "pattycake" [which he could not do] and finally settled on just talking to him. Eddie answered with unintelligible sounds.

"In another Activities for Daily Living [ADL] situation, dressing, I gave Ernie his coat to put on. He was having difficulties with it so I helped him.

"By this time there was really no more time to record a formal [directed] situation in a classroom. Also Ernie was obviously getting tired. We postponed the rest of the taping for a week.

"Usually, after all the situations have been taped, we dub them onto one tape. This will be done with Ernie's VTR when the taping is finished."

A. THE USE OF VIDEOTAPE RECORDING PROCEDURES

1. Introduction

The videotape telediagnostic protocol, developed by Curtis and Donlon, was originally designed to aid in the early identification and evaluation of deaf-blind children and to assist in reporting observational data about such children for clinical, research and teaching purposes. (Project #H 232529, Grant # OEG O 725460, W. Scott Curtis, "A Study of Behavioral Change in 50 severely multi-sensorily handicapped children through application of the viodetape recorded evaluation protocol". January 1976. University of Georgia, Final Report.)

The protocol was adapted for use with preschool handicapped children in the Cooperstown Project. It consists of a specific procedure in which the child is videotaped in eight three minute segments either at home or in the Head Start center. The eight segments represent eight different situations which call for specific behavior on the part of the subject.

The first four segments are life situations:

- -Informal-Social Situation (3 minutes): the child is shown at play or during free time.
- -Formal Learning Situation (3 minutes): the child is shown in a class or at a lesson with a familiar person (e.g. story time, language development lesson, etc.)

-Activity of Daily Living Situation (3 minutes): the child is shown bathing, dressing, going to the toilet or in some self care activity.

-Activity of Daily Living Situation - Eating (3 minutes): the child is shown at meal time.

The second four segments deal with clinical situations:

-Unstructured orientation (3 minutes):the child and the "stranger" are alone in a relatively empty room that has several toys spread about the floor. The "stranger" merely reacts to anything the child initiates.

-Task Orientation (3 minutes): the "stranger" attempts to conduct basic traditional psycho-educational testing procedures near the child's ceiling.

-Stimulus Orientation (3 minutes): the child is bombarded with stimuli at varied intensities and through many avenues. (See Exhibit 3 for list of stimuli which can be used.)

-Interpersonal Orientation (3 minutes): the "stranger" persists in close physical contact, such as holding, touching and fondling the child and carries on conversation.

As part of the child's record, the videotape is useful for the observational baseline data it contains. Viewed and interpreted by the Child Services Specialist and the center-based staff it becomes a consensus profile of the child, useful in addressing his needs. Subsequent recordings are useful in evaluating the child's growth and the effectiveness of his program.

The videotape recording of the child provides an unbiased, permanently recorded observation; it can be viewed by an individual staff member or by a group for the purpose of assessing the child's needs. It is unique as a training

device in observational techniques, in promoting staff discussion leading to a program for the child, and as a coordinating factor in working with the child.

The videotape procedure is especially useful when a child is having difficulties in responding to traditional testing techniques. The situations included in the procedure can be used to get around most testing stumble-blocks.

As a "picture" of the child involved in the activities of daily living in a usual setting, the videotape record is proving to be an important way to portray the child to a consultant or a specialist, who often sees the child in a clinical situation of a relatively short duration. In a rural area, where consultants are far removed, sending the tapes to the professional for diagnosis and prescription writing has proven to be invaluable.

The tapes are likewise proving to be meaningful in explaining the child, his condition and his growth and capabilities to his parents and in helping them to work with him. The tapes are also important in this regard when they are used with public school personnel in discussing the child's placement.

NOTE: There are two factors which might mitigate against a smaller Head start program initiating a videotape procedure. One deals with expense, the other with technical expertise.

It should be noted that videotaping equipment is not as expensive as many believe. However, if a program is unable to bear even the modest cost of a system, it is possible to lease or borrow the necessary hardware in many cases. Public schools, in particular, are good resources since many of them are using videotaping equipment in the classroom and for athletic activities.

As to the second problem, it cannot be stressed enough that very little technical knowledge is necessary to run the videotaping equipment. Basically, all one does is turn on the machine and point the camera. Any staff member can be an adequate "photographer" with a little bit of practice. Dealers usually offer training with purchase of the equipment.

2. How to Set Up for a Videotaping

The purpose of the VTR Procedure is to record the handicapped child in a natural environment so that his behavior and reactions are characteristic. To ensure that the child's recorded actions are natural, care must be given to finding a familiar setting and eliminating disrupting influences. Timing is also important. Delays or efforts to retape invaribly influence the child's behavior. These adverse effects can be avoided by careful scheduling and keeping the equipment in good working order.

Two adults are needed for the recording sessions: these can be staff members and it is desirable that the photographer be familiar to the child while the second adult be a stranger. In the Cooperstown Project, the Child Services Specialist who is working with the child is the usual photographer while the other CSS poses as the "stranger".

The CSS/photographer tries to characterize an aspect of the child's real day in a three minute sequence. The CSS/"stranger" reacts to or stimulates the child, and keeps a written record of the circumstances surrounding a given recording session. Both the photographer and the "stranger" enter comments on any outside stimuli which might have had an affect on the child's activities.

a. Equipment for VTR session

-Portable video tape recorder (3400 Rover)

-camera mounted microphone

-zoom lens

-batteries

-battery charger

-half-inch videotape

-stimulus box (containing materials for sense stimulation. See Exhibit 3).

-educational materials (e.g. Peabody Picture Vocabulary Test, Sections of Peabody Primary Kit, color lotto game, etc.),

-3600 dubbing equipment for editing (if necessary).

b. Conditions for videotaping

-familiar setting for child (home or center).

-new or unfamiliar setting for child (for clinical situations: typically an unused space in the center, or at least an isolated space).

-presence of familiar person (CSS/photographer).

-presence of "stranger" (CSS/examiner).

-normal lighting.

-atmosphere of scene should be as natural as possible (avoid noise and other disrupting influences as much as possible).

-equipment must be in good repair to avoid delays.

-photographer should be experienced in filming young children (any staff member can do this nicely).

-look for natural reactions, behaviors, etc. while taping.

c. The photographer

-the photographer should have early childhood experience.

-the photographer should be familiar to the child so that representative scenes of the child's behavior are recorded.

-the photographer should be familiar with video tape equipment.

-the photographer should be very familiar with the purpose and methodology behind the video tape recordings.

d. The "stranger"

In the videotaping procedure the "stranger" is the person who interacts with the child in the four segments entitled "clinical situations". The only requirements for the "stranger" are that she be knowledgeable about the videotaping procedure and that she be an unfamiliar adult to the child. Any staff member, a parent or a volunteer can act the role.

-in the Unstructured Orientation, the "stranger" reacts to anything the child initiates.

-in the Task Orientation, the "stranger" attempts basic psycho-educational testing near the child's ceiling (e.g. stacking rings).

-in the Stimulus Orientation, the "stranger" bombards the child with various stimuli (e.g. sticky tape on the child's arm, a strong smelling spice, a music box, etc. (See exhibit 3 for list of possible stimuli which can be used.)

-in the Interpersonal Orientation, the "stranger" talks with the child while persisting in close physical contact such as holding, touching and fondling the child.

e. Variables which can affect the recording

Following the taping, the photographer and the "stranger" enter comments in the child's file on the extraneous influences which may have an effect on the integrity of the data and their interpretion.

-sudden or unusual noises, odors or changes in temperature.

-any prolonged delays.

-an unplanned occurance (e.g. someone unexpectedly entering the room).

-equipment failure.

f. Working around the child's schedule

In order to ensure natural reactions from the child, the recordings should be an unobtrusive part of the child's daily schedule.

-find out child's schedule for a given day or days.

-determine what activities he is engaged in at different times during the day.

-match those activities with those required for the procedure.

-design a schedule to record the eight three minute scenes.

-arrange to tape life situations as they naturally occur (e.g. lunch time, toilet time, etc.).

g. Setting up the situations and videotaping the subject

If the photographer is familiar with the child and his schedule, the entire taping operation can be done within

an hour. Critical to this is a precise scheduling of the four clinical scenes and the four life situations in a way that they flow easily within a given hour of the center's day.

NOTE: Rating materials are available for evaluating the videotape recordings. They have been developed by E. Donlon and W. Scott Curtis. They may be obtained by writing to:

Aderhold Hall
University of Georgia
Athens, Georgia 30602

3. Use of the Videotape Recording (VTR)

The videotape recordings are part of a long list of observational materials used to gather data on a child. Together with information gathered through other observational techniques, the VTR Procedure forms a solid data-base for designing an individualized prescriptive program for the handicapped child.

The observations of the eight situations are contrasted and compared with each other and with other observational data by professionals, the staff in general, parents, and by agencies and institutions which are contributing services to the child and his family. Each of these groups of people may look at the data differently, depending on their relationship with the child.

a. Professionals

Professionals are defined as those in medical, social and educational fields who work directly with the child and the center staff in fulfilling the goals established for the child. Frequently, these professionals are asked or ask to view the videotapes, a particularly

convenient device when it is difficult for the professional and the child to be brought together. This is the particular value of using the VTR Procedure in remote areas such as Otsego County where the local resources are sparse and the experts may be one or two hundred miles away.

Professionals can use the VTR Procedures:

-as a reference for deciding specific treatment.

-as the basis for special therapy.

-as a foundation for determining curriculum decisions.

-in preparation and planning for a professional evaluation or diagnosis.

b. The staff

The staff and the CSS make the greatest use of the video-tape recordings. The staff must evaluate and analyze the outcomes of all information gathered and develop a plan for the child.

In addition to the CSS, the Head Start staff involved in the use of the recordings are: the administrators, the nurse/social workers, teachers, teachers' aides, and the part-time supportive workers.

Staff meetings are scheduled and the observational findings on each child are discussed in detail. The staff uses all of the gathered data to develop a preliminary

prescriptive program for the child. The program is discussed with the family, professionals and appropriate agencies before it is finalized and implemented.

The staff uses the VTR Procedures:

- -as a measure for determining the child's developmental potential.
- -as a foundation for establishing goals and objectives for the child.
- -as a basis for developing a prescriptive program for the child.
- -as a method for determining additional services.
- -as a starting point for making future plans for the child (e.g. mainstreaming in a public school).
- -as a reinforcement and support for the staff's activities with the child.

c. Parents

The videotape recordings can demonstrate to the parents the child's overall abilities. It helps involve them in planning for the child's future as well as working with him on a day to day basis. Like staff and professionals, parents regularly participate in viewing recordings of their children. Parents can provide staff with many insights about the child. At times, the recordings can be used to point out handicapping conditions of which the parents are unaware or which they will not accept. Parents must be well oriented to the recordings before, during and after they view them.

The VTR should be interpreted, commented on and placed in context for the untrained eye of the parents.

Parents use the VTR Procedures:

-to develop a better understanding of the child's abilities.

-to realize the child's developmental potential.

-to better understand the child's educational and developmental needs and how they can be met.

-to build acceptance of the child.

-to plan the child's future (Head Start and beyond).

NOTE: Parents should always be kept aware of the use being made of their child's recording. They should know who is using it, why it is being used, and their permission for such a use should be obtained (particularly when the viewer will be an "outsider"). See Exhibit 1 for copy of release form.

d. Local agencies and institutions

Local agencies and institutions can use the information gleaned from the recordings to determine how they can best meet a child's needs. The tapes establish the child's disability level and his potential for development. Community agencies and institutions can use the data to determine the appropriate services for the child. (It will happen often enough that the VTR demonstration will have to be made before several agencies before appropriate action or placement occurs.)

Local agencies and institutions can use the VTR

Procedures:

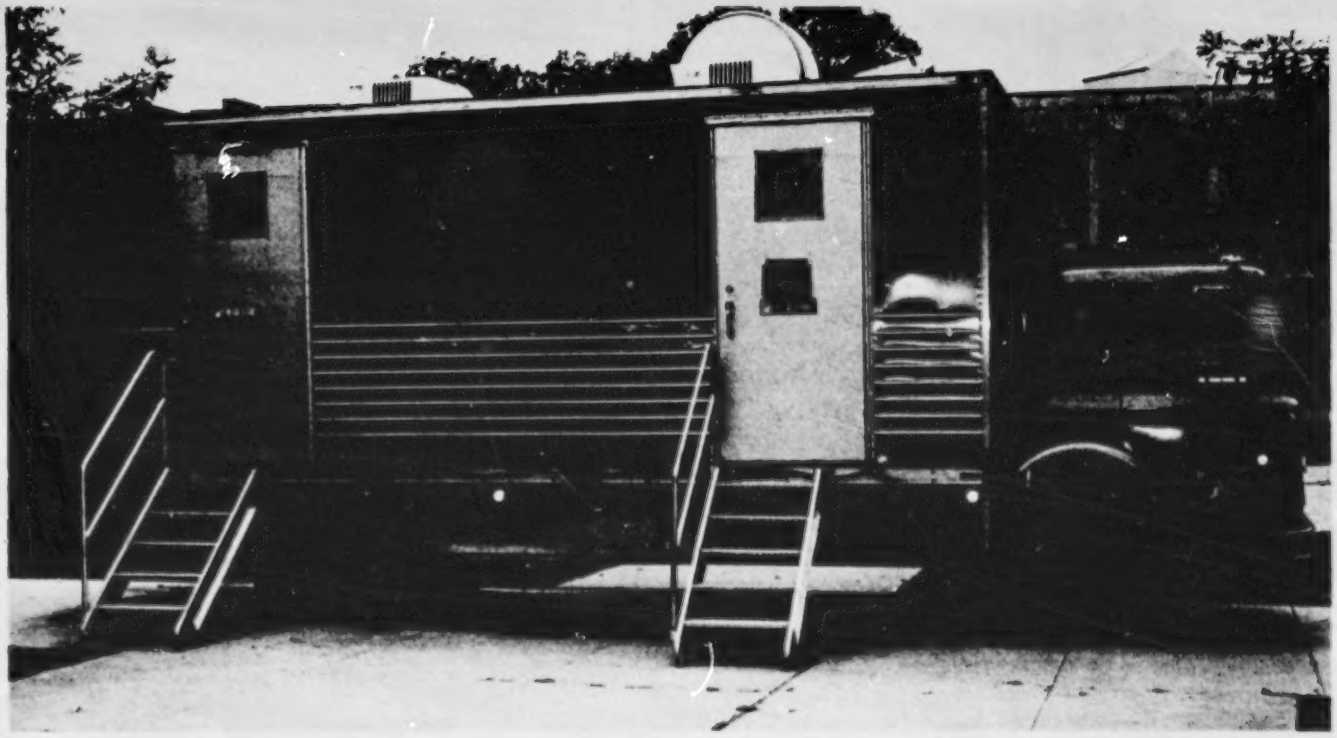
-to acquaint themselves with the child and his disabilities and his possibilities.

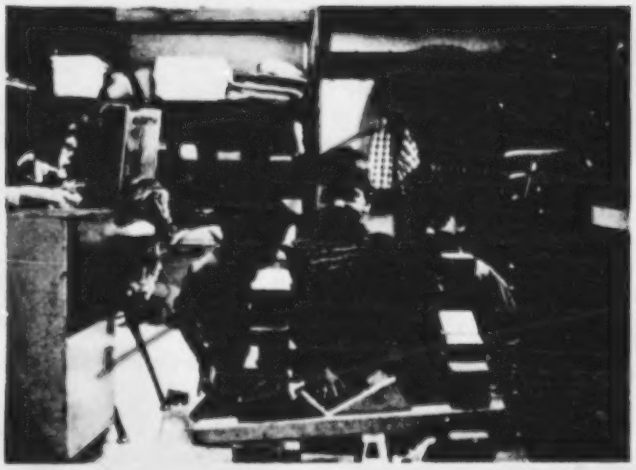
-to determine how they can best meet his needs.

-to develop plans for helping the child and others like him.

-to make necessary plans (e.g. budget) for future services as a community responsibility.

B. The Mobile Resource Center





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"LIFE ON THE ROAD"

[The Mobile Resource Center: a one day's log]

"It is 7 A.M. on a Wednesday, and there is much to be done in preparation for the day. The driver of the van, who is also a teacher's assistant, must get the van ready for the day's activities. This involves emptying and filling waste and water tanks, filling the gas tank, getting the generator to work, and then driving to our Wednesday location. Once there, the inside of the van must be heated and cleaned up; things get tossed around inside during the drive. The children will be arriving soon.

"The nurse-social worker must stop at the cook's house to pick up our meals for the day. We provide the children with two-thirds of their daily requirement of food.

"The teacher is preparing to make the hour long drive from her home to the van. On the way she will make one stop. C is waiting to be picked up and driven to the van. He listens for the sound of his teacher's car. This ritual has been going on for almost a year. This ritual has helped C's development; given him a sense of permanence and security. C is one of the many handicapped children in the Mobile Resource program. He has been diagnosed as functionally retarded and has developmental speech problems.

"It is 8:45 A.M. and the nurse, teacher, and C all arrive at the van together. Some of the other children are already there. The nurse will check to be sure each child is well, will visit the homes of those who don't show up, and then go on to keep appointments with other Head Start families in other parts of the county.

"By 9 A.M. all the children have arrived. There are six today; three of them are handicapped. While breakfast is being prepared the children take a book from the library corner and settle down. Some children enjoy helping with breakfast; setting the table, scrambling the eggs, pouring juice. Breakfast time is usually enjoyable- it gives us an opportunity to sit down together and talk about various things. Today the children are interested in the new pictures that have been placed on the wall in front of the table. The tone of the day is being set, and this promises to be a good one.

"After each child has cleared his own place, they are free to choose an activity. Most Wednesdays the children choose to build with blocks, making barns for the play animals, or houses for the play people. Out come the cars and trucks too, and there is much activity on the floor. This type of expressive play lasts anywhere from 15 to 45 minutes. During this time the teacher will assist when necessary and begin to assemble materials for individual work. Today E, who is a very bright boy, and C, will work together, doing colors, shapes, sorting activities, and vocabulary building. E knows the names of everything; C is learning

more each day. C and E have recently developed a close relationship and are learning things from one another. C is teaching E how to be a clown. They enjoy rolling around on the mats, sharing books, running outdoors, and many other activities. During the time for individual work the teacher and assistant will work closely with each child on the development of cognitive skills. Often the children enjoy trading activities after they have completed them.

"It is 10:30 A.M. and everyone is ready to go outdoors. The outdoor play equipment has been set up and part of the time will be spent using it. The rest will be spent walking to the childrens' favorite spot - a fallen tree. Once there the action really begins and imaginations take over. The tree becomes a bridge, an animal, a fort. This is a time for the teacher to observe and remember. There has been much growth in C's development over the past year. He has been given a chance to be a child, to feel cared for, and to open up due to the stimulation he has been receiving. We have worked closely with his family and they are beginning to realize the importance of providing him with opportunities to expand himself. They are becoming alive; they are beginning to care.

"It is 11:15 A.M., and time to head back to the van. Once there the children will rest for a few minutes, have something to drink, and then make something that they can take home. Today they'll be making collages, using twigs, leaves, milkweed pods, stones, etc., that they collected on our walk. The results are truly artistic, and each child delights in being able to create something on his own. As each child finishes, he may take an activity from the shelf. Something quiet to do: a puzzle, beads to string, a kaleidoscope. Help is given as needed. Some children become involved in the preparation of lunch, which everyone is eagerly awaiting. It has been an active morning.

"It is 12 noon and we are ready for lunch. The children have washed their hands and faces and are waiting for the adults to sit down before they begin their meal. C is so hungry that he must be reminded to wait. E is unhappy about what we're having for lunch and lets us know that he doesn't appreciate our choice of food. Still, he will try what is on his plate; he has seen the dessert, and wants to be sure he gets as big a helping as possible. C likes everything, and in no time at all is asking for seconds. Forks have been dropped, milk spilled, but the meal has been enjoyable today. After cleaning up, the children assemble at the sink to brush their teeth. A group activity will follow - either a quiet game, a story, or song. Some children are quite tired by now and are ready for a nap. Some become irritable, others are pleasant. They are all individuals.

"Parents begin to arrive to take their children home, and we chat for a few minutes. We have gotten to know the parents well, and most of them have opened a line of communication with us. It's a good feeling all around. The children are leaving. C has been offered a ride home by one of the parents who must pass his house. C refuses the ride; that's not part of the ritual. His teacher always takes him home.

"It is 1:15 P.M. The children are home and the van must be cleaned. For the Mobile Center staff, there are appointments to keep with other Head Start families, in other parts of the county. K has spina bifida, and has broken her leg. She is in a cast, and must be on her back for two months. She's waiting for a visit from her teacher. She knows she'll bring her something fun to do.

"It is 3:30 P.M. and the day is just about over. Today has been a good day. Tomorrow is another day, with different children, at a different location. It might not be as good, but we will be trying our best to make it so.

"As the Teacher leaves for her home visit with K and her family in the afternoon and the Nurse is meeting in the homes with other Head Start families, the Driver loses no time in getting the Mobile Center on the road for her scheduled appointment 20 miles away to have it in place and set up for the use of one of the Child Services Specialists. Today, a parent is going to be observing how the Child Services Specialist is working on an individualized basis with M, her blind, mentally retarded, multiply handicapped Head Start child. The mother will probably bring along her "normal" 4 year old, so [the Driver], now Teacher Assistant, has brought along a pumpkin and plans to make a jack-o-lantern with the 4 year old, while the mother watches the Child Services Specialist and M share in water play activities and use cymbals and a xylophone. As she readies the center for the CSS she puts on the coffee pot for the adults and sets out juice and crackers for both children. She finishes just in time to greet M's 4 year old brother who says "What are we going to do special today?"

"At 3:30, she changes again to Driver and after battening down all that is inside the van, she drives it another 20 miles back to home base, where she parks it in readiness for another day."

B. USING THE MOBILE RESOURCE CENTER TO SERVE THE SPECIAL NEEDS CHILD IN ISOLATED AREAS

1. Introduction

The Mobile Resource Center (MRC) has proven to be an unique way to serve handicapped children living in rural/isolated areas. The van offers these children a classroom where they can interact with peers and work individually with staff members. The van also provides a private place where parents can be counselled and helped.

The incentive to obtain the van arose from the difficulty the Otsego County Head Start program encountered in providing services to a large, rural population. Many families were located in the isolated western half of the county and had no way to travel to a Head Start Center. Often, the centers were too far away even if the transportation were available.

The MRC was an obvious answer for the Cooperstown Experimental Project since it afforded the opportunity to serve special needs children unable to reach a Head Start center.

2. The Use of the MRC as a Head Start Center

Every morning, five days a week, the Mobile Resource Center is used for an integrated, center-based educational and socialization program. The 25 to 30 preschool children (5 or 6 each day) attending classes in the MRC come from rural, low-income families spread over a 100 square mile area of western Otsego County. According to need, the MRC spends one morning per week at five different sites within this area, providing a half-day Head Start experience in a mainstream setting.

a. The MRC

-the staff: teacher; nurse/social worker; teaching assistant/driver. (See Exhibit 4 for job descriptions.)

--the van: fitted out as a multi-purpose room to be used as a classroom/counselling center/library. Equipped with generator for heat and power and kitchen and toilet facilities. (A tour through a camper or small trailer can be quite helpful, particularly if fitting out a van interior from scratch.)

-use mass media to inform rural residents of the MRC's existence and purpose.

-notify eligible families of MRC's schedule for their area.

b. Setting up a schedule for the MRC

-survey and analyze the location and needs of the rural population.

-determine the exact location of the eligible families.

-pick a centralized location which can serve five or six of these families (the van can comfortably accommodate six children and three adults).

-make certain that the schedule makes efficient use of MRC and staff resources. (Much time and money can be wasted by traveling back and forth over an area without a well-mapped itinerary and plan of action.)

-aid families with problems in getting to the MRC.

3. In-Home Program of the MRC Staff

During the morning hours the responsibilities of the staff on the MRC are basically the same as at a regular Head Start center (a bit of pioneering instinct is also very helpful!).

In the afternoon each MRC staff assumes another role. The teacher, the nurse/social worker and the teaching assistant work with the children and parents in their homes. The teaching staff focuses on home teaching and good child development practices. It is then that the van truly becomes a resource center since from it the parents and children are supplied with toys, books and other teaching materials. Parents are also encouraged to make do with an imaginative use of ordinary house-hold materials. The child's peer-group experiences on the van are reinforced at this time. The nurse/social worker focuses more directly on informational, consultative and referral services related to health, nutrition and social services.

NOTE: While the MRC staff is visiting homes the van is being used by the Child Services Specialists to work with special needs children and their families. This will be explained more fully later on.

a. The teacher and the teaching assistant in the home

- -focus on home teaching and good child development practices.
- -use materials from the toy lending library and the take home library to reinforce what child has learned in morning MRC-based session.

-teach parents to use ordinary household objects in structured play with child.

-explain objectives of Head Start program and answer any questions.

-develop and up-date profile on the family and child.

b. The nurse/social worker in the home

-develops a health history on child and family.

-determines if child has any dietary restrictions.

-instructs parents on good nutritional practices.

-determines family's need for social services and makes appropriate referrals.

-makes provision for medical screenings and immunizations and follow-up on any remedial activities.

-arranges for transportation to various services.

-supplies information on health/social services topics.

4. The Use of the Mobile Resource Center for Special Needs Children and Their Families

Mornings, the MRC as a Head Start program, provides special needs children with integrated experiences as in any Head Start center. Afternoons, the MRC is used throughout the entire county, providing a center for work with special needs children and their parents on an individual basis. Quite importantly, the van provides a private place where individuals can meet with staff and consultants for intensive concentration on a child. This service can be provided even before the child enters Head Start.

As a resource center, the van carries supplies and equipment used in working with various types of handicapping conditions.

The MRC as a facility for individualized work with handicapped children.

- -the MRC is used as a private place for work with handicapped children and their families in much the same way as a room set apart in a Head Start center for this same purpose. (i.e. for purposes of orientation before child enters Head Start; for individualizing programs; for counselling and planning sessions with parents; as a training center for parents; as a facility for conferences with specialists and consultants.)
- -the MRC is used as a resource center in the same way as a regular Head Start center, (i.e. qualified personnel and consultants meet with parents and children; it contains equipment and supplies needed to work with various handicapping conditions).

NOTE: Refer to the section on the Child Services Specialist for detailed description of CSS's use of MRC in the Cooperstown Project.

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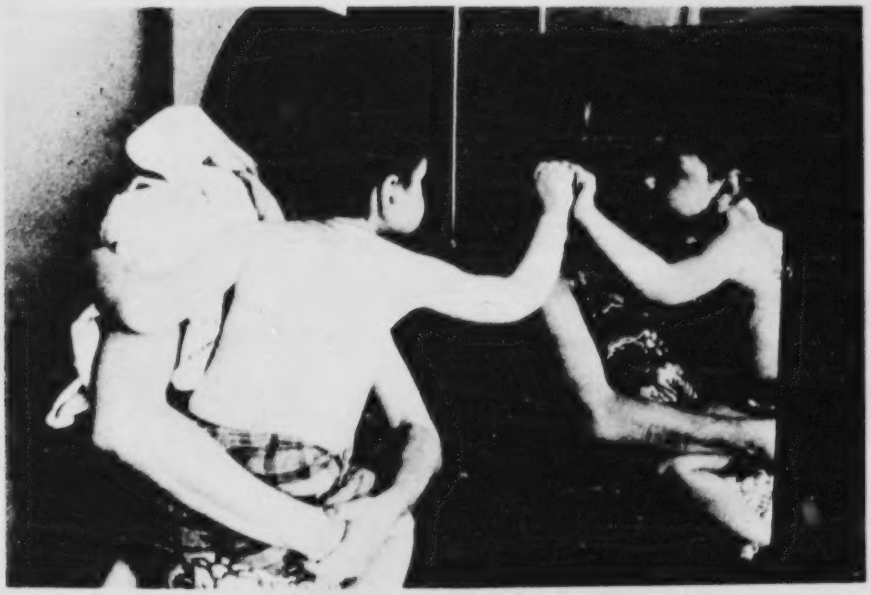
C. The Child Services Specialist



"JO: A WEEK IN THE LIFE OF A CHILD SERVICES SPECIALIST"

[A record log kept by Josephine White, a Child Services Specialist in the Cooperstown Experimental Project]

Monday

All day [8:15 to 4:30]

Took child to Gruppe Clinic, Faxton Hospital, Utica for hearing evaluation in place of parent. [150 miles]

Tuesday

AM

Videotape recording in Center No. 1 of two children, 1 for the purpose of a pre-appointment with the Mary Imogene Bassett Hospital pediatric psychologist, 1 for possible placement of child in a residential treatment center.

PM

Staff meeting discussing four children and individualized goals.

Wednesday

AM

Center visit with a child who is transitional [on a home program and 1 day a week center based program with the Child Services Specialist in constant attendance]. At the same time, videotaped 2 children [the above child and 1 child that staff is having difficulties with]

PM

Transported mother to Mary Imogene Bassett Hospital psychologist [99.7 miles] and sat in as a supportive means.

Thursday

8:15 - 2:30

Took child to Neurology Dept., Mary Imogene Bassett Hospital [100 mile round trip].

Cooperstown Office - call to father to explain visit and child's prescription. Arranged for father to have psychiatric counseling in regard to his marriage and feelings toward the child.

Meeting at the office to work on records.

Friday

Meeting with parent to show video tape recording of child and discuss his problems in the center and at home.

Talk with speech therapist on present goals for four children. Meeting with ARC director discussing homemaker to come and help three parents of children I am involved with in home management.

"MICHELLE: A WEEK IN THE LIFE OF A CHILD SERVICES SPECIALIST"

[A record log kept by Michelle Marrapese, a Child Services Specialist in the Cooperstown Experimental Project.]

Monday

AM

1. Spent morning with Educational Psychologist from Regional Resource Center-CUNY. Purpose of Visit - to evaluate, observe, and test [formally and informally] four of our special needs children, and develop educational prescription to be carried out in Head Start Program.

PM

2. Met with Special Project Staff, Head Start Director and visiting Educational Psychologist. Purpose - to discuss observations and test results of Educational Psychologist.

3. Meeting with ophthalmologist at Bassett Hospital. Purpose - to discuss the findings made by doctor on special needs child. What is his visual status and what are the implications for us in developing an educational program for him?

Tuesday

AM

1. Went swimming with children of Cooperstown Center. CSS worked with Cerebral Palsied child and swim instructor on exercises beneficial for CP child.

2. Visited Center Number Five to observe special needs children.

3. Took special needs child home and had conference with mother on daily progress of child. Also, CSS helped mother fill out medical forms sent from Albany CP Center. [These were filled out and sent so appointment could be set up to determine extent of CP].

4. Phone call made by CSS to Pediatrician to have whole medical file sent to Albany CP Center's Social Worker.

PM

5. Met with teacher of Mobile Resource Center to discuss home teaching techniques and scheduling of visits during winter months. Also, how may CSS help in parent training? Discussion of progress of special needs children.

6. Phone conversation with Child Psychologist. Purpose - receive information as to reasons for referral of new Head Start child. Discussion included any special behavior problems, testing results [or psychological testing], suggestions by Child Psychologist.

Wednesday

AM

1. Went home teaching with MRC teacher - met with parents of new Head Start children to discuss special problems of children. Worked with parents on materials that can be made at home for children to play with. Discussed with teacher the use of a language development program for

special needs children with speech-language developmental problems.

PM

2. Meeting with Association of Retarded Children. Purpose - how may Head Start's Special Project use Homemaker's Service for needy families? Ex: sending a homemaker into home to help mother rearrange kitchen, sending a babysitter into home for relief to parents of handicapped child.

Thursday

AM

1. CSS visited Center Number Four. Observed special needs children. Discussed with staff new problems that have arisen. Also progress of special needs children.

2. Videotaped two children - one with emotional disturbances, and one with severe developmental lags. Purpose - to show to Child Psychologist to determine specific emotional disturbances and-or discuss needs of child.

3. Home Visit to see mother and discuss any problems she may be having in dealing with her child at home. How can we help child further? Discussion of possible medical evaluation at Upstate Medical Center upon Pediatrician's advice.

PM

4. Made phone call to Albany CP Center. Purpose - to talk to Social Worker about setting up appointment for CP child to determine extent of CP. Also to check and see if they received medical files on child from Pediatrician.

5. Met with Speech Therapist. Purpose - to discuss last sets of testing done on children with speech-language problems. Set up time and place to meet with these children regularly. Discussed individual programs to meet needs of child.

Friday

AM

1. All day meeting with cluster coordinator of services to handicapped children and group of teachers. Purpose - to explain and demonstrate use of video taping in our program. Discussion on problems in servicing needs of handicapped children in Otsego Co.

PM

2. Public Health Nurse - Purpose - to look for information on applying and receiving State Aid for Handicapped Children.

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C. THE CHILD SERVICES SPECIALIST (CSS)

1. Introduction

The role of the Child Services Specialist is implied in the very title. (See Exhibit 4 for CSS job description). The person in this position provides direct services to the special needs child and his family and also makes provision for securing these services when offered elsewhere. Understandably, this job requires direct dealings with the child, his family, Head Start staff and community resources.

Among the major responsibilities of the CSS is the observation of the child and the identification of his special needs. The individualized program which comes from the collaborative efforts of Head Start staff and consultants, coordinated throughout by the CSS, is designed so that a minimum amount of outside intervention will be necessary during the normal Head Start day. Whenever there is need for additional assistance, the CSS, as the child's advocate, arranges for it, coordinates it, and follows it through.

To fill the multiplicity of roles required, the CSS should be an all-around generalist with training in child development, a description which fits most Head Start staff. (This is an important point for those small Head Start programs which cannot import nor pay for "experts".)

Perhaps most important is the spirit which the CSS must possess. As the spokesman for the child, the CSS must be understanding, optimistic, persistent, supportive, tolerant and encouraging. There is also that indescribable quality which makes the CSS approachable and receptive in the eyes of those who are served.

In a mainstreaming program such as the Cooperstown Project the special needs child receives the same services in the same program as non-handicapped children. It is in the area of special services that the CSS intervenes.

2. The Child Services Specialist and Head Start Staff

The CSS must meet regularly with Head Start staff to assure a regular, consistent and up-to-date provision of services for the special needs child. These meetings serve three purposes: (1) to keep Head Start staff informed of the child's situation at home and in the community; (2) to solicit the staff's input in the development of programs for the child; (3) to assist the staff in its daily dealings with the child.

It is to be noted that the CSS may carry major responsibilities for the child when he first comes to the center. These responsibilities are then gradually turned over to the staff as the child and the staff become more familiar with their common situation. Often a special relationship develops between the child and particular staff members. This can eventually develop into a working relationship which extends to the entire staff.

a. CSS and staff discuss nature of problem

-CSS makes staff aware of what to expect when child comes to center.

-CSS discusses particular handicap, its limiting factors, and the child's potential for development.

-CSS discusses type of commitment (time, energy) which will probably be needed to serve child.

-CSS discusses the child's particular needs.

b. CSS and staff meet to discuss observations and plan strategies

-CSS shares observations of child with staff and solicits staff observations, suggestions and ideas.

-CSS presents strategies to staff for their reaction and input.

-CSS establishes prescription for intervention and criteria for evaluating results and presents them to staff for reaction and input.

-CSS involves parents in conferences with staff to enhance observations and add to strategies.

-CSS involves professionals in conferences with staff to enhance observations and add to strategies.

c. CSS works with particular staff members in showing how to deal with a special needs child

Each staff member will have a different role in working with the special needs child. The CSS works with each staff member to help in the development of positive attitudes toward the child and to demonstrate specific approaches to meet the child's needs.

-CSS consults with each staff member on the nature of the handicap. (CSS probes and discusses staff member's attitude toward a particular handicap or toward a particular child; CSS stresses understanding of a particular handicap by staff member.)

-CSS counsels staff member on techniques and strategies. (CSS stresses "whole" child, not just handicap; suggests strategies for staff member to overcome any prejudices, if present; demonstrates techniques of working with child; explains probable outcomes of techniques.)

-CSS offers constructive assessment of staff members' techniques and strategies. (CSS arranges to observe staff member on a regular basis; discusses any problems observed and the possible remedies for them; offers positive, supportive comments and suggestions.)

-CSS provides particular staff member with information and special equipment on request or as needed. (CSS maintains a resource library for staff use; refers staff member to other resources; explains training and equipment; plans for use of special equipment; helps in acquisition of special equipment.)

d. CSS consults with staff members on a regular basis about a particular special needs child

General meetings with the staff help the CSS to discover any problems or misgivings which the staff might have in working with a particular child. A crucial role for the CSS in this area is to inculcate and maintain a positive attitude on the part of the staff as they work with handicapped children in a mainstreaming setting.

-CSS and staff discuss attitudes in working with a particular child or a particular handicap.

-CSS indentifies ways of overcoming fears or misgivings which may exist.

-CSS identifies specific activities for staff in overcoming any negative attitudes concerning particular handicaps.

-CSS solicits approaches from staff regarding positive attitudes.

-CSS uses video tape recordings as a way to demonstrate progress of children.

e. CSS provides support in crises situations

A thorough understanding of a child's needs prepares the CSS for almost all crises situations.

-CSS prepares staff to help in crises situations.

-CSS schools staff in child's needs in order to prevent crises situations from happening.

-CSS is an on-call resource for any crisis with the child both in the center and at home.

f. CSS meets regularly with staff and parents to discuss child

-CSS sees that current files are maintained on each child.

-CSS provides access to files by appropriate parties.

-CSS keeps parents and staff informed of child's progress at home, in the program and in the community.

-CSS arranges regular meetings between parents and staff.

-CSS encourages a candid exchange of ideas between parents and staff.

-CSS incorporates the recommendations of parents and staff into the child's program.

g. CSS provides special materials or equipment, if needed in addressing a particular handicapping condition

-CSS provides special toys, if needed.

-CSS assesses the need for and provides special aids for the handicapping condition.

-CSS provides informational materials on handicapping conditions upon request or to meet a particular problem.

NOTE: One more facet of the CSS comes into play in obtaining contributions of materials from the community.

3. The Child Services Specialist and the Special Needs Child

The Child Services Specialist enjoys a unique relationship with the special needs child. The CSS is friend, defender, interpreter, intervener, teacher, confidant and bridge maker for the child. Although every task of the CSS, as reported in this manual, is directed toward the development of the handicapped child, there are certain situations where the CSS and the child are especially personally involved with each other.

a. The CSS establishes rapport between the handicapped child and the other children attending the center

The proper development of any child requires that he be accepted by his peer group. The CSS, working in the classroom, fosters acceptance of the special needs child by the other handicapped and non-handicapped children in the program.

-CSS introduces child to other children.

-CSS answers questions about child asked by other children.

-CSS emphasizes similarities between special needs child and other children.

-CSS encourages other children to include special needs child in their group.

-CSS teaches other children to work and play with special needs child.

-CSS allays children's fears and/or prejudices about handicapped children.

b. The CSS works with the special needs child in the classroom

Based on a previous agreement with center staff, the CSS provides direct assistance to the special needs child in the classroom. As the child adjusts and as the staff takes on more and more responsibility, the CSS can spend less direct time with the child in the classroom setting.

-CSS outlines role with the child, teacher and aides in the classroom.

-CSS, as a familiar figure, helps the child's adjustment to his new surroundings.

-CSS uses time in the classroom as an opportunity for further observation and analysis of child's needs.

-CSS can help special child work out special problems which need more immediate attention.

-CSS can observe and offer positive feed-back to staff as they interact with child in first days of program involvement.

c. The CSS offers the special needs child the opportunity for community experiences

The development of the special needs child focuses on eventual integration into the community. Since many handicapped children are unfamiliar with the community around them, the CSS and the center staff arrange community experience trips. The child is taken on excursions which are commonplace to normal children: e.g. stores, the barber shop, a swimming pool, the park, a museum. These experiences also help the child become

aware of and learn to deal with those obstacles to a handicapped person in a normal community: e.g. traffic signals; reactions to him by strangers.

4. The Child Services Specialist with the Special Needs Child and His Family

If the Child Services Specialist is to be an effective advocate for the child a particular trust must be established with the child's family. This trust will lead to efforts by the CSS to involve the family in the child's development.

a. The CSS in initial home visits

-makes initial contact with family.

-develops rapport with family.

-develops a family and personal history for child.

-recruits child for Head Start program.

-arranges for parents and child to become involved in Head Start program.

b. The CSS working at home with the child and his parents

The CSS arranges to work with the child and the family in the home setting as it affords a natural environment for observation of the child, his siblings and his parents.

-CSS observes child and family in home situation.

-CSS uses home as comfortable environment for parents to discuss personal nature of child's handicap.

-CSS uses home as comfortable environment for parents to discuss child's programs in Head Start, or with supportive agencies.

-CSS may use home to work with child in preparation for introduction into center setting.

-CSS may use home to work with parents on special activities to enchance child's development.

-CSS may use home to work with parents and child together.

c. The CSS as an observer in the home situation

The CSS's observations of the home situation play an important part in the individualized program design for a child.

-CSS observes the effect the child's handicap has on the family unit.

-CSS observes and asks questions about the attitudes of other children in the home toward the special needs child.

-CSS observes other children for possible handicapping conditions.

-CSS observes the resources in the home for enhancing the child's development. (These resources can range from other members of the family to materials lying around the house.)

-CSS observes and implements situations for family to better understand and accept the special needs child.

d. The CSS works with parents in home for child's development

-CSS counsels parents on understanding and coping with child's handicapping condition.

-CSS counsels parents on dealing with special needs child without neglecting other children in family.

-CSS counsels on and demonstrates integration of special needs child into family setting.

-CSS trains family to work with handicapped child.

-CSS designs home activities and demonstrates their use.

-CSS relates center programs for child to home situation.

-CSS counsels parents in, and refers them to services for help in areas of home and family management.

-CSS acts as liaison for other help and services to the family.

e. The Child Services Specialist, program staff and the home visit

The CSS and other program staff often play interchangeable roles in making home visits. The introduction of the family can be made by the CSS to the teacher and the nurse/social worker or vice versa. Regardless of who initiates home actions, however, it is the role of the CSS to consult with the staff members whenever a home visit is made by anyone from the program.

f. The Child Services Specialist supplies the home special materials and equipment related to a handicapping condition

-the CSS supplies toys and materials, if needed, and demonstrates, explains and encourages their use in the home.

-the CSS arranges for special aids or equipment, if needed, and demonstrates and explains their use.

-the CSS provides instructional or informational materials, geared to the parent's interest and capabilities.

5. The Child Services Specialist as Advocate in the Community

Head Start relies on the technical support of many professionals in the community. The Child Services Specialist acts as an advocate for the special needs child to see that the wider community of professionals, agencies and institutions offer the support which is needed for the child's development.

To be an effective advocate, the CSS must maintain a good working relationship with the wider community and be thoroughly acquainted with the resources the community can offer.

a. The Child Services Specialist with agencies already active on the child's behalf

- -the CSS finds out the type of services already being given to child or to family (e.g. clinics, case worker, counselors, etc.).
- -the CSS keeps agents or agencies abreast of child's and family's program and progress in Head Start.
- -the CSS invites comments and recommendations by agents or agencies already involved with parties so that the child's Head Start program will be as comprehensive as possible.

b. The Child Services Specialist and the professionals

- -the CSS arranges appointments for special needs child with professionals (e.g. medical, dental, speech and hearing, psychological) when needed.
- -the CSS sees to it that parents and child keep appointments (provides transportation if necessary.)

-the CSS attends appointment with parents and child.

-the CSS sees to it that parents understand professionals questions and comments.

-the CSS furnishes information to the professional which parents are unable to give.

-the CSS makes the professional aware of the constraints on the family.

-the CSS advises professional of child's activities in the Head Start program and solicits advice.

-the CSS interprets and explains for the parents the professional's diagnosis and prescription.

-the CSS arranges for further tests and/or therapy when recommended.

-the CSS follows through on appointments, for further testing and therapy.

-the CSS supports parents and child in further testing and therapy sessions in much the same way as in initial appointments with professionals.

c. The Child Services Specialist and consultants

-the CSS interprets clinical and consultant recommendations to Head Start staff and parents.

-the CSS devises methods, in cooperation with staff and parents, to carry out recommendations.

-the CSS arranges for consultants (medical, psychological, educational, therapeutic) to meet with staff and/or parents to work out prescriptive program for child.

-the CSS arranges for staff and/or parent training by consultant.

NOTE: The CSS may use the VTR of the child as a data base for the professional to use when necessary. See following section (#6) "The CSS and the VTR Procedure."

d. The Child Services Specialist keeps accurate record of all professional input

e. The Child Services Specialist obtains outside services for the child

-the CSS identifies and contacts all service agencies which might be able to provide assistance to the child and/or his family.

-the CSS acquaints all local agencies with the work of Head Start, particularly in the area of the handicapped.

-the CSS maintains regular contact with these agencies.

-the CSS sets up the mechanisms for easy access between agencies and the local Head Start program.

-the CSS makes arrangements for the actual provision of services for a child or his family.

-the CSS sees that child and/or parents make use of available services.

-the CSS follows up with agencies on their recommendations and the services which they provide.

f. The Child Services Specialist works on placement of the special needs child

-the CSS investigates the alternatives for placement of the special needs child after Head Start. This investigation is based on input from staff, consultants and parents.

-the CSS contacts the school or institution,

.to discuss particular aspects of child's situation.
.to introduce parents and child.
.to consult with school/institution staff regarding child's history with Head Start.
.to make suggestions regarding child's further developmental program.
.to arrange for the special help child might need in new setting.
.to offer services as consultant as child adjusts to new setting.
.to arrange for mainstreaming experience when possible for child and for institution.

-the CSS arranges special contacts with public school when the placement of the child is in kindergarden.

.arranges for school system to prepare for child.

.encourages continuation of mainstreaming experience.
.offers technical assistance in establishing mainstreaming program.
.arranges inter-staff conferences between school and Head Start staff.
.arranges visits by school staff to Head Start program for familiarization and observation.

NOTE: The CSS may use the VTR in the placement procedure. See following section on the CSS and the use of the VTR Procedure.

g. <u>After placement of child, the Child Services Specialist supplies advocacy when needed</u>

-the CSS watches to see that the child's needs are being adequately met in new setting.

-the CSS encourages parents to keep contact with CSS regarding the child's adjustment and progress in new setting.

-the CSS offers continuing consultation when possible.

-the CSS recommends alternative placement of child if child fails to show appropriate developmental progress after a reasonable time in new setting.

6. The Child Services Specialist and the Use of the VTR Procedure

NOTE: See Section A, "The Use of the VTR Procedure" as further background to this section.

a. The Child Services Specialist arranges and coordinates the VTR Procedures at home or in center

In the Cooperstown Project the two Child Services Specialists have been the most logical managers of the VTR procedures. The CSS who is familiar with the child and who will be working with him acts as photographer for the sessions. The other CSS acts as the "stranger" who interacts with the child during the tapings.

-the CSS explains the VTR procedure to parents and staff.

-the CSS arranges the times for taping.

-the CSS identifies scenes, participants and locations for taping.

-the CSS produces, photographs and edits the video tape recordings.

b. The Child Services Specialist works with Head Start staff on the use of the VTR Procedures

-the CSS trains staff in observation techniques.

.explains purpose of observation in design of individualized program for child.
.trains staff in what to look for and how to look for it.
.trains staff in the method of setting down observations.

-the CSS supplies background data for particular child being observed by staff via VTR.

.arranges for staff to see tapes.
.furnishes complete background information on child.

.explains the scenes which will be viewed.
.informs staff of any outside interference (noise, distracting movements, etc.) which might have had an effect on child's behavior during taping.
.consolidates staff's comments for child's file.

-the CSS uses VTR as basis of discussion of child by staff.

.uses staff observations as basis for formal discussion of child.
.clears up discrepencies between observations offered by different staff members.
.begins development of prescriptive program for child by combining VTR observations with other available data.
.records staff comments and recommendations.

-the CSS trains staff in dealing with handicapping conditions demonstrated in VTR.

c. <u>The Child Services Specialist uses VTR in working with professionals</u>

-the CSS uses VTR of child as an introduction for a professional into the problem (particularly when the professional cannot meet personally with child).

.furnishes professional with background information on VTR procedure.
.explains Head Start use of procedure.
.describes circumstances of taping.
.provides background information on child.
.records or arranges for recording of comments.

-the CSS compiles professional's comments, combines them with comments of other observers and meets with all concerned parties to discuss and apply the findings to the child's prescriptive program.

d. <u>The Child Services Specialist uses the VTR to introduce child to schools, agencies or institutions which are in a position to serve the child</u>

-the CSS obtains permission of parents to show child's VTR to people who might help child.

-the CSS explains and shows the VTR to appropriate parties. (This is particularly helpful when trying to demonstrate the progress which the child has made.)

e. The Child Services Specialist uses the VTR to work with parents in accepting, understanding and working with their special needs child

7. The Child Services Specialist and the Mobile Resource Center

NOTE: See Section B for background on MRC.

Unlike the morning use of the van as a mobile Head Start center in rural areas, the afternoon use of the van can take place either in rural or urban settings. The main purpose of the van in the Child Services Specialist's work is as an isolated place to use with the child, parents, staff or specialists as needed. The CSS also uses the van as a resource center when supplying parents with materials and equipment.

APPENDICES

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APPENDIX A

THE OCD EXPERIMENTAL HEAD START PROJECTS FOR HANDICAPPED CHILDREN

ALASKA HEAD START SPECIAL SERVICES PROJECT
3710 E. 20th Avenue
Anchorage, Alaska 99504

PROJECT PLUS
Committee for Economic Opportunity, Inc.
2555 N. Stone Avenue
Tucson, Arizona 85705

ADAMS COUNTY HEAD START EXPERIMENTAL PROJECT
ADCO Improvement Association
480 Bridge Street
Brighton, Colorado 89601

LIBERTY COUNTY PRESCHOOL-OUTREACH PROJECT
Liberty County School Board
Bristol, Florida 32321

ECKAN HEAD START SPECIAL HANDICAPPED PROJECT
925 Vermont
Lawrence, Kansas 66044

PROJECT FOR EXCEPTIONAL CHILDREN
People's Regional Opportunity Program
140 Park Street
Portland, Maine 04100

MINNESOTA EXPERIMENTAL PROJECT
Minnesota Governor's Office of Economic Opportunity
404 Metro Square
7th and Roberts Streets
St. Paul, Minnesota 55101

HEAD START EXPERIMENTAL PROJECT TO SERVE CHILDREN WITH SPECIAL NEEDS
Opportunities for Otsego, Inc.
193 Main Street
Cooperstown, New York 13326

CHAPEL HILL TRAINING - OUTREACH PROJECT
Lincoln Center
Merrit Mill Road
Chapel Hill, North Carolina 27514

KI BOIS HEAD START SPECIAL SERVICES PROJECT
P.O. Box 473
Stigler, Oklahoma 74462

OUTREACH PROJECT
BILL WILKERSON HEARING AND SPEECH CENTER
1114-19th Avenue So.
Nashville, Tennessee 37212

HEAD START EXPERIMENTAL PROJECT FOR HANDICAPPED CHILDREN
STOP Organization
415 St. Paul's Blvd.
Norfolk, Virginia 23510

OCD/BEH COLLABORATIVE EXPERIMENTAL PROJECT WITH
HEAD START MODEL PRESCHOOL CENTER FOR HANDICAPPED CHILDREN
Experimental Education Unit
Child Development and Mental Retardation Center
University of Washington
Seattle, Washington 98195

PORTAGE PROJECT
Cooperative Educational Services Agency
P.O. Box 564
Portage, Wisconsin 53901

DIRECTOR OF SPECIAL PROJECTS
HEW/OCD
P.O. Box 1182
Washington, D.C. 20013

Many of the experimental models deal almost exclusively with direct service to handicapped children; e.g. Portland, Main; Stigler, Oklahoma; Cooperstown, New York; Tucson, Arizona; and Norfolk, Virginia. Their basic approach to development of programs for the handicapped is to work with the handicapped on a day-to-day schedule within the normal Head Start program. By providing such direct services, these projects are able to design, try-out, modify and maintain those methods of service delivery which can be used by other Head Start programs with similar problems or situations.

Other projects have concentrated on areas which are less directly involved in service delivery but which are equally as important for development of a complete system to help the special needs child. St. Paul, Minnesota, for instance, has created an overall state mediator team and a network for providing services. Others, such as Seattle, Washington and Chapel Hill, North Carolina, are more particularly involved in staff training techniques and materials.

Several projects have undertaken a home-based approach in serving handicapped children. Portage, Wisconsin, which had already done considerable work with home-based programs is continuing its research and development of this model. The home-based model is approached a little differently by programs working in rural, isolated areas. Cooperstown, New York, for example, in its home-based program, uses a mobile van as a small peer group setting to foster the development of socialization and communication skills, particular needs of isolated children. This experience is then reinforced by home teaching with these children and their parents.

Some of the programs are placing a great deal of emphasis on the recruitment of handicapped children. Others, Portland, Maine, for one, are developing recruitment programs of another kind by setting up consultant and referral procedures using community resources.

Regardless of the approaches they have adopted and the materials, techniques and programs they have developed, the fourteen Experimental Projects are all trying to meet the same goals and objectives: to show ways in which the handicapped child can function and grow in a normal Head Start setting; to get the community at large involved in these efforts; to work with families so that these special needs children may have the opportunity of a well-rounded environment which will expand as the children move out and into the world around them.

APPENDIX B

I. OPPORTUNITIES FOR OTSEGO, INC.

Opportunities for Otsego, Inc. was organized in 1965 as a private, non-profit organization to operate in Otsego County, New York, as a Community Action Agency. Its purpose was "to eliminate the paradox of poverty in the midst of plenty in this (county) by opening to everyone the opportunity for education and training, the opportunity for work, and the opportunity to live in decency and dignity ....." (adapted from the "Economic Opportunity Act of 1964").

Otsego County is situated in the south-central portion of New York State. It is an Appalachian County with a total population of over 56,000. Over seventy per cent of the population lives in rural areas. The county is 1,013 square miles in size. Over ninety-nine per cent of the population is classified as Caucasian. The county is rated as the fourteenth poorest in the state. It has a per capita income of a little over $3,000. The present unemployment rate is close to ten per cent.

Otsego County has many recreational areas for hunting, fishing, skiing, water sports, camping and hiking; areas described vividly by James Fennimore Cooper in his "Leatherstocking" stories. Oneonta, with a population of about 16,000, is the only city in the county. Cooperstown

is the site of the Major League Baseball Hall of Fame and the New York State Historical Association. Yet, in spite of these attractions, Otsego County remains an isolated, Appalachian county with few social service resources to call upon and many small pockets of people spread over a largely rural countryside.

As the Community Action Agency, Opportunities for Otsego, Inc. is authorized to effectuate anti-poverty programs within the county. Otsego County contributes annual support of funds and office space. Opportunities for Otsego also receives federal, state and municipal grants totalling over one-third of a million dollars to operate such programs as Head Start, recreation/nutrition/out-reach programs for the elderly and a winterization project.

II. HEAD START IN OTSEGO COUNTY

The present Otsego County Head Start Program is a full-year/full-day program operating under the auspices of the Community Action Agency, Opportunities for Otsego, Inc. Head Start was initiated in Otsego County as a summer program delegated to the schools. The full-year/full-day program was begun in July, 1967 and became operational by that September. The program began with three centers, serving forty-five 3 to 5 year olds from low-income families. Two of the centers were in Oneonta, the largest population center and the third was set up in the nearby, rural village of Laurens. The three centers were located in the

southern part of the county.

In 1969, the option was given to convert Summer Head Start programs to full-year programs. This was done with the approval of the Summer Head Start parent groups and the Full-Year Head Start Policy Advisory Council. Subsequently, all Summer Head Start funds were transferred to the Full-Year program and a center was opened in Richfield Springs, an extremely isolated area in the northern part of the county. It was obvious, however, that the more rural sections of the county in the north were still not receiving adequate Head Start services. To alleviate this situation, the remaining Summer Head Start funds plus additional monies from the purchase of day care services by the Department of Social Services were used to open a half-day center in Cooperstown in the Fall of 1970. The Cooperstown Center became a full-day program in 1971.

As Head Start in Otsego County moved further into the remote, rural areas, the problem of transportation became a pressing one. This was particularly true in the recruitment of the most needy children. In 1971 and 1972 the Department of Health, Education and Welfare provided supplemental grants for the purchase and operation of five nine-passenger vehicles.

Throughout these six year, the Head Start program, with all its components, showed a steady and strong growth.

The staffing pattern was remarkably stable, making career development of staff possible and providing a firm base for program operation. New ideas and new approaches for meeting children's needs were continually being developed and tested.

Richfield Springs, the most rural of the centers, provided the opportunity for an innovative approach to serving children with very special needs. In 1972 Richfield Springs enrolled two mentally retarded children and one with an extreme behavioral problem into its Head Start program. The idea of seeking consultant help from Syracuse University for these children was toyed with, but with the University eighty miles away, it was out of the question to transport children, families and staff that distance. There was also no assurance that one short clinical visit, which would be all that could be managed, would provide enough information on the child to be of any real help. It was then that the idea of videotaping the children took shape. At this point the Program sought the consultant help of Dr. Ed Donlon, who, with Dr. Scott Curtis had developed a Videotape Recording Protocol for deaf/blind children - and it was thought that possibly the procedure might well be adapted for pre-school children. Dr. Donlon himself taped several of the children, instructed a staff member in the use of the VTR equipment and protocol and allowed the Program the use of his equipment until the Program could obtain its own. With this, the staff was

able to acquire unbiased observations of the children's behavior as they responded to normal personal and inter-personal experiences during the regular Head Start day. The procedure gave consultants a permanent record of the children's behavior, an objective record which could be compared with subsequent tapings to track progress. It also gave the staff an opportunity to identify problems and establish a procedure to work with these children. The subsequent adaptation of the VTR procedure has since been used in all of the centers.

Another innovation which has improved service to Head Start children in Otsego County has been the use of a mobile van. The Mobile Resource Center, a fully contained and fitted classroom on wheels, has been an invaluable way to provide Head Start services to the most isolated portiors of the county. According to need, the mobile unit spends one morning per week in five different sites in an area encompassing one hundred square miles. The van provides center-based educational and socialization activities for five or six children per session. About thirty children are thus exposed to a Head Start experience which they would normally not experience. In the afternoon, the MRC staff (teacher, nurse/social worker, teaching assistant) work in the children's homes, with the children and their parents. The teachers focus on home teaching

and child development practices, using whatever materials are available in the home, supplemented with toys and books from the van take-home library. The nurse/social worker provides information, consultative and referral services on health, nutritional and social services.

In the afternoon the Mobile Resource Center is used by the Special Project Staff throughout the entire county as a center for individualizing services to handicapped children and their families.

Another project in the Otsego Head Start program is one for training and enrichment of high school youth. The Laurens Head Start Center, working with the Laurens Central School, one of six sites nationally, has been involved in implementing an experimental project called the "Day Care Youth Helper Program". The purpose of the program is "to help teenagers become aware of their importance in society and instill attitudes of responsibility and leadership". Fifteen teenagers have been involved each year in the project: eight to eleven have had their practicum in the Head Start center, under the direction of center staff, working with center children and receiving training from the Head Start Director and center teacher. For the last two years, the project has been called the "Student Work Experience Corps"; with the same purpose, the same involvement of the Laurens Head Start center with the Laurens school and a like number of teenagers involved.

In summary, the Otsego County Head Start program is currently serving 115 low-income children, aged 3 to 5, in five full-day/full-year centers and on the Mobile Resource Center. There is a staff of 42, including 17 professionals and 25 para-professionals.

EXHIBITS

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Exhibit 1

PARENT'S RELEASE FORM FOR VTR

H E A D S T A R T H-1304

Opportunities for Otsego, Inc.
193 Main Street
Cooperstown, New York 13326

Educational Recording
Consent and Release

_____
Name of Participant

_____
Name of Parent or Guardian

_____
Tital of Series and/or Program(s)

_____
Dates of Recording

_____
Place of Recording

In consideration of the service that may be rendered to education by assisting Head Start in the collection and dissemination of educational and instructional resources, I authorize Head Start, and those acting pursuant to its authority:

--to record on videotape, audiotape, film or any/other medium, my/my child's above described participation and appearance: and

--to exhibit, broadcast and distribute such recording(s) in whole or part, without restriction or limitation, for any educational purpose which Head Start shall deem appropriate.

I acknowledge that this consent and release is of perpetual duration. I release Head Start from any claim that I may have by reason of the making or playing of the recording(s). I further release any right in the recording(s), and consent to the use of my/my child's name, likeness, voice and biographical material in connection with program publicity and for institutional promotional purposes.

_____ 19____ _____
Signature

Address: _____

(9/1/74) _____

Exhibit 2

HEAD START
OPPORTUNITIES FOR OTSEGO, INC.
193 Main St.
Cooperstown, N.Y. 13326

"INFORMED CONSENT" FORM FOR MENTAL HEALTH SERVICES

Name of Child:

Name of Parent:

Name and Address of Service Provider:

Description of services to be provided:

_____, Child Services Specialist has discussed with me the foregoing information and I am aware of the services to be provided.

Parent Signature: _____

Date Signed: _____

(12/75)

Exhibit 3

LIST OF STIMULUS MATERIALS

WHICH CAN BE USED FOR VTR PROCEDURE

Light

mirror
magnifying glass
combination flashlight
w/red flasher
plug-in nightlight
pen flashlight

Movement

windup black dog & puppy
Jack-in-the box
green rubber windup elf
friction car
blue elephant windup toy

Noise

wrist bells
whistle
triangle
transistor radio
pop gun
musical ball
maracas (2)
harmonica
artificial larynx
animal voice box (cow)
animal voice box (cat)
air horn

Shape

Seguin form board
raised form board
puzzles
giant snap rings & beads
assorted 1/2" blocks
mannequin in 16 pieces

Smell

vinegar
spirit of camphor
peppermint
oil of wintergreen
oil of cloves
oil of citronella
cascara sagrada
anise
ammonia

Taste

peanut butter & jelly crackers
M & M candies
marshmallows
lemon extract
animal crackers

Texture

sticky pictures
slinky
scotch tape
satin
sand paper
pom-poms
play-doh
masking tape
leather
heavy net
hard rubber alligator
furry lamb
foil-like material
foam rubber Donald Duck
felt
burlap

Vibrators

bullet-shaped vibrator
back scratcher

Others

Add-a-count-scale
auditory trainer
balloons
busy board
1-1/4" color cubes
color stacking discs
finger puppet
fit-a-space
geometric insets
graded cylinder blocks with knobs
graduated color forms
50" inflatable clown
Jack-n-Jill TV-radio
jumbo beads
kittie-in-the-keg
learning tower
musical top
pounding bench
puzzles with small knobs
rubber ball
shape sorting box
turn-a-gear
wading pool
wood puzzles
wooden nesting boxes

EXHIBIT 4

JOB DESCRIPTIONS

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JOB DESCRIPTION AND RESPONSIBILITIES

CHILD SERVICES SPECIALIST

OPPORTUNITIES FOR OTSEGO, INC. HEAD START

The Child Services Specialist should be trained in child development, know how to use equipment for observing and recording each child's progress and development, and be able to relate to, and communicate with, the child and his parents, with the staff and with the specialists.

The CSS is also expected to provide information, materials and services to the parents of each special needs child in helping them to understand and work with their child and to help them form linkages to continuing services.

He/she should work closely with the center staff in helping them with materials and consultants toward understanding the handicapping condition as well as providing them with suggestions, prescriptions and materials for implementing an individualized program for the child with special needs.

He/she has the responsibility for ensuring that continuing records are maintained for each child and for sharing his/her observational notes with the center staff.

He/she should be familiar with the resources in the community and use them as necessary to ensure that each child receives the services he has a right to have.

He/she will work directly with each handicapped child at home, in the center, and as his advocate for his proper placement in the school or institution to which he goes after leaving the program.

The CSS will also follow-up on the special needs child after he leaves Head Start and as is possible, act as an advocate on his behalf to ensure that the child continues to receive the necessary services.

JOB DESCRIPTION AND RESPONSIBILITIES
TEACHER-MOBILE RESOURCE CENTER

OPPORTUNITIES FOR OTSEGO, INC. HEAD START

The Teacher on the Mobile Resource Center has the dual role of being responsible for a child development program and a home teaching program for 30 children and their families.

She has the full responsiblity for all activities of, and for, the children and staff. She is responsible for maintaining cooperation with the Education, Health and Social Services Coordinators, Special Project staff and parents for insuring maximum benefits to the children and their families. She is directly responsible to the Head Start Director.

She works with the children in an educational and socialization child development program each morning, providing a small peer group experience for handicapped with non-handicapped children; she works with the children and their families in the home each afternoon, in an attempt to carry over to the home, the same good child development practices.

This is to be done with the basic understanding of and respect and empathy for, these parents; with the recognition that the child's parents are his first and most important teachers, and that together with Head Start, a better life for each child can be assured.

Her teaching goals and those of her staff should be to:

1. Provide a challenging curriculum with recognition of individual differences with a chance for each child to succeed.

2. Expand each child's horizons to lead to increased conversation and understanding.

3. Build on each child's experiences and growth to further his ability to think, to get along with others, and to communicate.

4. Further each child's emotional and social development by encouraging self confidence, self expression, self discipline and curiosity.

To implement these goals, she must carefully plan for the individual child and his family.

She has all of the job responsibilities of the Teacher in the center-based Head Start Program (See: Job Description and Responsibilities: TEACHER).

(8/1/75)

JOB DESCRIPTION AND RESPONSIBILITIES
TEACHING ASSISTANT - VAN DRIVER
MOBILE RESOURCE CENTER

OPPORTUNITIES FOR OTSEGO, INC. HEAD START

The Teaching Assistant - Van Driver position on our Mobile Center is a unique and dual one. As Assistant Teacher, she has most of the responsibilities of the Teaching Assistant position in our center based program, with the added responsibility of working with these children and their parents in a home teaching program several afternoons each week.

Additionally, she is responsible for the Mobile Center itself: the driving of it to the 5 different daily sites, and for the complete maintenance of and repairs to it. In the morning, after she gets the van to the site, she changes roles from Van Driver to Assistant Teacher - and works directly with the Teacher and children. Two afternoons, after she returns the van to its "base" location, she does direct home teaching in the children's homes, with parents and their child. The other three afternoons, she is responsible for getting the van to various and differing locations in the county for its use by the staff working with handicapped children. As such, the Mobile Center becomes a "private" place where needed for working with individual children, their parents, consultants, center staff, etc. As she is needed, the Van Driver may also be called upon to help this staff in their work with these special needs children - so again, she plays two special roles.

Teaching Assistant:

The Teaching Assistant in our Mobile Center Program is directly concerned with the children and all of their daily activiites in the program. She is directly responsible to the center teacher and is responsible for planning with her the curriculum, activities, and individualization of the program to meet individual needs. She works closely with her in planning and carrying out the daily program and in keeping children's records and in preparing reports.

It is her responsibility to understand the teaching goals of the Program and to do all that she can by herself and with the teacher toward:

- Expanding each child's horizon leading to increased conversation and understanding.
- Building on each child's experience and growth furthering his/her ability to think, to get along with others, and to communicate.
- Furthering each child's emotional and social development by encouraging self confidence, self expression, self discipline and curiosity.

She is responsible for helping to plan, set up and carry out daily activities. With joint planning, she herself is responsible for some daily individual and/or group activities. She should play an especially important role in alerting the teacher to problems and successes of individual children as she sees them during the program

day in the various activities of daily living, in the classroom and in their home.

Realizing that she is working with the whole child means that she is responsible for working closely with these children's parents: particularily in the home, to assist them in every way possible in understanding and carrying out in the home, activities and learning experiences that reinforce the children's classroom experiences. In order to do this meaningfully, the Teaching Assistant must have respect for the parent, a real understanding of the child, and thoroughly know the Head Start Program. Together with the teacher, she plans for, and institutes, home teaching activities for individual families and their children.

VAN DRIVER:

Drive and maintain MRC.

General maintenance - filling and emptying tanks daily, daily check-list, helping keep van clean.

Regular maintenance checks - (3 months) or sooner depending on daily check-lists and driver's knowledge of problem areas.

Getting van to regularly scheduled sites for use by the Child Services Specialists.

Getting the van to ~~regular~~ scheduled places in ample time to allow for setting up, starting heaters, etc.

JOB DESCRIPTION AND RESPONSIBILITIES

NURSE/SOCIAL WORKER-MOBILE RESOURCE CENTER

OPPORTUNITIES FOR OTSEGO, INC. HEAD START

The position of Nurse/Social Worker on the Mobile Resource Center serves a three-fold purpose: to serve as a link between the Program and the community; the Program and the parents; the children and their families. The Nurse/Social Worker is the liaison between the Head Start Program and all available health and service agencies for assuring the health and welfare of the children and their families.

She is responsible for working closely with the other Head Start staff members in integrating the Health and Social Services components into all other components of the Program. For overall implementation of her responsibilities she is directly responsible to the Head Start Director.

She is responsible for:

Physical Examinations of each child - prior to entry into the Program. If this is impossible or a hardship to the parents, then as soon as possible thereafter.

Heights and weights of each child at least twice yearly: more often if there is any suspected or observed unusual change.

Vision and amblyopia screening

Audiology testing

Immunizations

Tuberculins

Hematocrits

Dental examinations of each child including a dental prophylaxis, fluoride treatment and dental check.

Administering first aid.

Classroom visitations and observations of the children to get to know each child, for signs of illness, "rashes", injuries, suspected neglect or abuse.

Referral to the Special Project staff of children with physical, mental, emotional problems or suspected problems.

With the Special Project staff, referrals of children and parents to the proper agency for taking care of problems discovered.

She spends each afternoon, with these children and their families in the home; to give information, counselling and consultation help; to take resources to them/or them to the resources, in the areas of health (medical and dental, mental and nutritional) and social services.

This is to be done with the basic understanding of and respect and empathy for, these parents, with the recognition that the child's parents are his first and most important teachers, and that together with Head Start, a better life for each child can be assured.

She has all of the job responsibilities of the Nurse/Social Worker in the center-based Head Start Program. (See: Job Description and Responsibilities: NURSE/SOCIAL WORKER).

HELPFUL RESOURCES

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ADVOCACY

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Daniel D. Sage, David Riley: The Bounty Hunters: The Financial Issue in Education of Children With Disabilities: Human Policy Press, Box 127, University Station, Syracuse, N.Y. 13210.

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